

Kevin Collins Abilities Scholarship

DESCRIPTION

The *Kevin Collins Abilities Scholarship* is presented to a post-secondary student with a disability.

For more than 17 years, Kevin Collins served as the Executive Director of Friends of We Care, an organization composed of Foodservice and Hospitality industry members whose mission is to send kids with disabilities to accessible summer camps across Canada. During his tenure, Kevin led the group in raising over \$20.5 million and established a national presence for Friends of We Care.

In February 2017, Kevin accepted the position of President and CEO at Easter Seals Ontario, an organization that assists children with physical disabilities and their families. The move provided Kevin the opportunity to come full circle. He was born with cerebral palsy, attended Easter Seals camps for eight summers and was the first Easter Seals ambassador “Timmy” in 1976.

Kevin’s determination to not let anything stand in his way exemplifies what it means to focus on one’s ABILITY, not disability. Friends of We Care is proud to present this award to a future leader to help them realize their career ambitions.

Interested candidates are asked to submit a completed application form, along with a 1-2 page letter and/or a 1-2 minute video link describing why they should be considered for the Kevin Collins Abilities Scholarship.

SCHOLARSHIP DETAILS

CANDIDATE

One student will be selected on an annual basis.

VALUE

The scholarship will award \$3,000 to the selected candidate.

ELIGIBILITY

Students with a disability, who have at minimum of one full semester left in their post-secondary education, are eligible to apply for this scholarship.

DEADLINES FOR APPLICATION

The application form and letter/video submission must be received by March 31, 2021 to be considered. Please send your package to info@wecare-canada.org with the subject line 'SCHOLARSHIP'.

SCHOLARSHIP PRESENTATION

The scholarship will be presented at the annual We Care Gala.



Kevin Collins Abilities Scholarship Application

Name				Date of Birth	
Address					
City		Prov		Postal Code	
Email				Phone Number	
Program				Year of Study	
Program Start (MM/YY)			Type of Certificate		
Length of Program			Expected Graduation Date (MM/YY)		
Description of Disability					

Please print your name				
Signature			Date	
I certify that the information provided on this application is true and accurate. I understand that providing false information will make me ineligible for consideration and/or result in the rescindment of the Kevin Collins Abilities Scholarship. All disbursed funds will be returned. In order to be eligible for the Kevin Collins Abilities Scholarship, you must meet the criteria outlined in the description, complete this form, and submit a 1-2 page letter and/or a 1-2 minutes video describing why you should be considered for the scholarship. Please send your application and accompanying documents to info@wecare-canada.org with the subject line "SCHOLARSHIP".				