



United Cerebral Palsy of MetroBoston College Scholarship Application

PART 1: GENERAL INFORMATION

Full Name: _____ Age: _____

Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name of High School/College: _____

High School/College Address: _____

City: _____ State: _____ Zip: _____

Expected Graduation Date: _____

List college to which you have applied (High School Students Only):

List any colleges issuing an acceptance letter to you:

Which college would you likely attend? _____

Will you/do you receive any financial assistance? Yes: _____ No: _____

If so, what type? _____

How did you hear about this program and scholarship? _____

Disability Diagnosis:

The above information is necessary to process your application. This information will be reviewed by the United Cerebral Palsy of MetroBoston Committee and remain strictly confidential.

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PART 2: ACADEMIC RECORD

Current Grade Point Average (GPA): _____

Highest Total Score: SAT: _____ ACT: _____

Highest Math Score: _____ Highest Verbal Score: _____

List any honors or awards received in school: _____

PART 3: ACTIVITIES OUTSIDE OF SCHOOL/COLLEGE

List any activities involved with outside of school: _____

PART 4: SHORT ESSAY

Write a brief essay about something you have dealt with as a result of your disability. You may discuss one of these topics below or use one of your own:

- How have you overcome the challenge of your disability (personally, socially, in school, etc.)?
- What does having a disability mean to you?
- Identify someone who has been helpful in your success, explain who and how.
- An achievement of which you are proud.

Please answer essay in 250 typed words or less using 12 point font and double spacing.

PART 5: OTHER REQUIREMENTS

1. A letter from your doctor indicating you have a physical disability.
2. Two letters of recommendation other than your doctor (such as a teacher, academic advisor, principal, employer, or religious leader).
3. A copy of your transcript from high school/college.
4. An acceptance letter from your college of choice should be included in this packet or forwarded shortly after.

Please return this completed application, short essay, letter from your doctor, two letters of recommendation, and your unofficial transcript in one complete package to:

United Cerebral Palsy of MetroBoston
c/o UCP College Scholarship
71 Arsenal Street
Watertown, MA 02472

Deadline for all applications is: April 12, 2019