



## United Cerebral Palsy of MetroBoston College Scholarship Application

### PART 1: GENERAL INFORMATION

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of High School/College: \_\_\_\_\_

High School/College Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

List any honors or awards received in school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

List any activities involved with inside and outside of school: \_\_\_\_\_

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## **PART 2: 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 respond to the essay prompt in 250 typed words or less using 12 point font and double spacing.

## **PART 3: OTHER REQUIREMENTS**

1. A letter from your doctor indicating you have a disability. (Priority is given to individuals with a diagnosis of cerebral palsy.)
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 thereafter.

**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**

**OR email to [ucpboston@ucpboston.org](mailto:ucpboston@ucpboston.org)  
Please include "scholarship application" in the subject line.**

**The deadline for all applications is June 30<sup>th</sup>.**

*This information will be reviewed by the United Cerebral Palsy of MetroBoston Scholarship Committee and remain strictly confidential.*