



**United Cerebral Palsy of MetroBoston 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 Scholarship  
71 Arsenal Street  
Watertown, MA 02472

**Deadline for all applications is: April 27, 2018**