

2. School Selection.

List the school applicant plans to attend in the Fall 2015/Winter 2016.

School name: _____

City: _____ State: _____

Status: Returning Student New Student

If new to school, have you applied? No Yes Date: _____

If undecided, list all that you have applied to.

School name: _____

City: _____ State: _____

Status: Returning Student New Student

If new to school, have you applied? No Yes Date: _____

School name: _____

City: _____ State: _____

Status: Returning Student New Student

If new to school, have you applied? No Yes Date: _____

School name: _____

City: _____ State: _____

Status: Returning Student New Student

If new to school, have you applied? No Yes Date: _____

- *Attach a separate page if needed.*
- *Please include a copy of acceptance letter from school(s).*

3. Educational History.

For credit scholarship, applicants must complete the following section. This section is optional for Audit/Noncredit Scholarship applicants.

High School: _____ GPA: _____

City: _____ State: _____

High School: _____ GPA: _____

City: _____ State: _____

College/University/Vocational School:

_____ GPA: _____

City: _____ State: _____

College/University/Vocational School:

_____ GPA: _____

City: _____ State: _____

- *Attach official transcripts for above listed schools (if not available, attach brief note indicating why).*
- *Attach copy of letter from College Board advising of ACT or SAT score.*

4. Support Services.

Please list assistive equipment and/or support services used in the classroom (wheelchair, assistant, etc.). If nonverbal, please briefly list means of communication.

5. Audit/non-credit scholarship applicants only -- list name of course applicant wishes to take and brief reason for auditing.

Course Name: _____

Reason for auditing: _____

6. Financial Need Statement.

Anticipated Expenses

Financial Resources Available

Tuition per semester/ year	\$ _____	Scholarships	\$ _____
Room and Board	\$ _____	Financial Aid/Grants	\$ _____
Texts	\$ _____	Parents	\$ _____
Medical Insurance	\$ _____	Spouse	\$ _____
Other/specify	\$ _____	Savings	\$ _____
Other	\$ _____		_____
Total Expenses	\$ _____	Total Resources for Year	\$ _____

Attach one of the items below:

- *Student Aid Report (FAFSA), or*
- *Copy of signed 2014 federal income tax return (first three pages only) or*
- *If dependent, parent's signed 2014 federal income tax return (first three pages only)* ➤ *Please mark out Social Security Number.*
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7. Essay.

- *Please answer on separate paper and attach, in 150 words or less:*

“Explain why a particular adjective describes you perfectly”

8. Recommendations.

- *Please enclose **one letter of recommendation** from someone who has personal knowledge of applicant (e.g. teacher, school administrator, PT, OT, Speech and Language Pathologist, employer, community leader, or neighbor). The writer must sign and date the original recommendation and provide his/her contact information.*

9. Additional information.

Please list additional information the applicant wishes the selection committee to consider including but not limited to additional personal challenges, honors received or community service involvement.

10. Please initial each section.

Additionally, applicants under the age of 18 must have the initials of a parent or guardian along with theirs.

Applicant Parent/Guardian

_____ _____ Applicant certifies that applicant personally wrote the essay required for this application. If a parent/legal guardian initials, he or she certifies the minor student/applicant wrote the essay.

_____ _____ Applicant (or Parent/Guardian) understands and accepts that the application and all of the ancillary documents, upon receipt, become the property of the Cerebral Palsy Scholarship Foundation.

_____ _____ Applicant (or Parent/Guardian), in order to comply with the provisions of the Family Educational Rights and Privacy Act of 1974, grants permission for school officials to release secondary school records and other requested information, if necessary.

_____ _____ I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause applicant's disqualification from the scholarship competition.

I, _____ or I, _____ (Parent or Guardian) hereby agree to release Cerebral Palsy Scholarship Foundation from any and all liability related to or in connection with or occasioned by this scholarship application.

I have read and agree to the terms and conditions for submitting this application.

Signed by: _____ Date: _____
Applicant

Signed by: _____ Date: _____
Parent / Guardian

Important Reminder

You can fill out the application on your PC but you will not be able to save it.

Be sure to print the application and review it for completeness before you close the PDF.

And remember to print 2 copies - One to submit and one to keep for your records.

Best of luck to you on your educational endeavor!

Applicants will be considered without regard to gender, race or religion.

All decisions of Cerebral Palsy Scholarship Foundation, Inc. are final.

Completed applications must be received by May 15, 2015,
to: Cerebral Palsy Scholarship Foundation, Inc.
P.O. Box 9327
Calabasas, CA 91372

Incomplete applications will not be considered.
Applications received AFTER May 15, 2015
WILL NOT BE CONSIDERED.

Applicants may email Cerebral Palsy Scholarship Foundation to verify Foundation's receipt of their application at cerebralpalsyscholarship@gmail.com.