



## OFCP AWARDS

### ERIC WALDRON SCHOLARSHIP AWARD

#### **Award Description:**

This scholarship is provided to a student with a disability who is enrolled in an Ontario College or University and who has completed his or her first year of instruction at University or College. Enrolment in programs that will lead to working with individuals with disabilities will be an asset.

The Eric Waldron Scholarship, in the amount of \$2,000.00, is paid in two instalments of \$1,000.00 each. The first instalment is awarded at the beginning of the fall term of the second year program. The second instalment is given at the beginning of the spring term of the second year program.

#### **Nomination:**

The Scholarship Selection Committee is interested in the student's volunteer and employment endeavours and/or family involvement with an individual(s) with a disability. Personality, attitude and leadership attributes of the applicant will also be considered through personal/professional letters of reference. Academic and community references are acceptable. Please note that course transcripts including marks are required. The selection will be made by the Scholarship Awards Committee.

#### **Presentation:**

The award will be presented at the OFCP Annual Conference.

#### **Nomination Deadline:**

Forms and supporting documentation must be received at the OFCP office by Friday June 15, 2012.

E-mail, fax or mail completed forms to:

Ontario Federation for Cerebral Palsy, Attn: Awards Committee

1630 Lawrence Avenue West, Toronto Ontario M6L 1C5

Phone: 416-244-9686 or Toll-free 1-877-244-9686

Fax: 416-244-6543 or E-mail: [cathy@ofcp.ca](mailto:cathy@ofcp.ca)

Please note that this Award is not automatically presented every year. If you have any questions or need additional information please contact Cathy Persons at 416-244-9686, Ext 224 or e-mail [cathy@ofcp.ca](mailto:cathy@ofcp.ca)



**ERIC WALDRON SCHOLARSHIP AWARD**  
**APPLICATION FORM**

**PART A.**

**TO BE COMPLETED BY STUDENT**

Student's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PART B.**

**UNIVERSITY OR COLLEGE CURRENTLY ATTENDING**

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

**PART C.**

In 250 words or less, please describe your professional goals in the field you have chosen. Give specific reasons why you have chosen this career and why you feel you will be successful in your future profession. Please include your interests, hobbies and volunteer work that may relate to this profession. Personal and professional letters of reference are required.

Support Documentation for a diagnosis of disability must be included with this application.

Please note that your application and accompanying documentation must be in the hands of the Selection Committee, not later than June 15, 2012.