



Cerebral Palsy Foundation (Saint John) Inc.

The Gertrude Aarela Memorial Scholarship for Students with Cerebral Palsy

This \$1,000 scholarship will be presented annually to one individual with Cerebral Palsy graduating from a New Brunswick High School and attending a college, university, or private vocational school on a full or part-time basis in the coming year. The student may be enrolled in any field of study.

Application submission

Please complete all sections of this form and enclose any requested documents.

Applications must be submitted by mail, to be postmarked no later than May 15th, to the following address:

The Cerebral Palsy Foundation (Saint John) Inc.
Scholarship Committee
P.O. Box 2152
Saint John, NB, E2L 3V1

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|---------------------------|--|
| Name of applicant | |
| Mailing address | |
| Contact telephone number | |
| E-mail address (optional) | |

- I shall be graduating from _____ High School in ____ (year) and would like to be considered for the Gertrude Aarela Memorial Scholarship.
- I have enclosed a copy of my secondary school transcript from the fall term.
- I have also enclosed a document signed by a medical professional stating that I have been diagnosed with Cerebral Palsy.

Signature of applicant

Date

Which post-secondary institution will you be attending?

Program(s) of study applied for:

What other scholarships have you applied for?

List any High School activities, including arts and cultural activities, in which you have been active during the past four years:

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List any community activities in which you have been active during the past four years:

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List any other interests, activities, hobbies or achievements

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Indicate any work or volunteer experience during the past four years

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List any school or community awards, achievements or recognition that you have received

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Please provide the names of two references or enclose letters of reference

Teacher reference

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| Name: | Telephone: |
| School name: | Position: |

Personal reference

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|---------------------------|------------|
| Name: | Telephone: |
| Relationship to applicant | |

Use this space for any additional information that you would like to add: