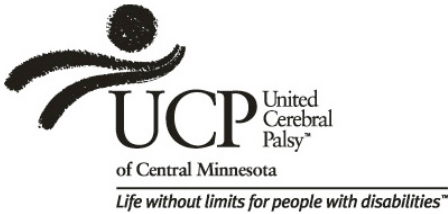


For Office Use  
Date Received \_\_\_\_\_

## 2007 SCHOLARSHIP APPLICATION



510 25<sup>th</sup> Avenue North  
St. Cloud, MN 56303-3255  
Voice/TDD (320) 253-0765, Fax (320) 253-6753  
E-mail: [info@ucpcentralmn.org](mailto:info@ucpcentralmn.org)  
Toll free 1-888-616-3726

\*\*\*\*\*

### Have you ?

- \_\_\_\_\_ Completed all pages.
- \_\_\_\_\_ Signed the release of information form.
- \_\_\_\_\_ Enclosed your doctor's statement verifying diagnosis of cerebral palsy. (First time applicants only.)
- \_\_\_\_\_ Enclosed a letter of recommendation. (This can be mailed separately)
- \_\_\_\_\_ Enclosed paragraph describing yourself, goals, and interests.
- \_\_\_\_\_ Any questions, call 320-253-0765 Voice/TDD; Toll free: 1-888-616-3726; e-mail: [info@ucpcentralmn.org](mailto:info@ucpcentralmn.org)

**Due Date: March 21, 2007**

For Office Use  
Date Received \_\_\_\_\_



## **2007 SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Permanent address if different: \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ County of permanent residence: \_\_\_\_\_  
(Must reside in Stearns, Benton, or Sherburne County)

Parent(s) Name & Address: \_\_\_\_\_

High school attended & graduation date: \_\_\_\_\_

Current grade point average \_\_\_\_\_

Are you presently attending a post-secondary school? \_\_\_\_\_

Anticipated graduation date from college/post-secondary school: \_\_\_\_\_

Name and address of school where this scholarship will be applied \_\_\_\_\_

Major course of study if determined: \_\_\_\_\_

Please list any volunteer & extra-curricular activities: \_\_\_\_\_

Are you employed? \_\_\_\_ Yes \_\_\_\_ No; \_\_\_\_ Part-time \_\_\_\_ Full-time

Place of Employment: \_\_\_\_\_

**FAMILY FINANCIAL STATEMENT**

\* Complete PARENTS information if age 23 or younger as of 12/31/06.

	<b><u>*PARENTS</u></b>	<b><u>STUDENT</u></b>
Your adjusted gross income from your Federal 2006 return: (or estimated if no return filed)	\$ _____	_____
Estimated 2007 adjusted gross income <i>if significantly different:</i>	_____	_____

- 
- ◆ If you are a first-time applicant, please attach a letter from your physician verifying a diagnosis of cerebral palsy.
  - ◆ Include a letter of recommendation from a person not related regarding your character, ability to get along with others, and your desire to succeed. This could be mailed separately.
  - ◆ Write a brief paragraph describing yourself, your goals and interests.
  - ◆ Final applicants may be interviewed by the scholarship committee.
  - ◆ Return this completed form by March 21, 2007.
  - ◆ The scholarship will be awarded May 1, 2007. You will be notified by mail, the scholarship will be sent to the school by September 1, 2007.
  - ◆ Include a photo of yourself.

**RELEASE OF INFORMATION**

I hereby give United Cerebral Palsy of Central Minnesota permission to verify information stated on my Scholarship Application.

If I am awarded this scholarship, I hereby give United Cerebral Palsy of Central Minnesota permission to use my name and photo in a News Release regarding this scholarship award.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please enclose this form with your application and send to: U.C.P. of Central Minnesota, 510 - 25th Avenue North, St. Cloud, MN 56303. **Application must be received by UCP by March 21, 2007.**