

PARASPORT AND RECREATION PEI SCHOLARSHIP AWARDS

ParaSport and Recreation PEI Scholarship Awards are presented to individuals with a physical disability that are entering part time or full time post-secondary education (college, university, trade school, etc.) either on PEI or off-Island.

SCHOLARSHIPS- 2- \$500.00 Scholarships

ELIGIBILITY

All applicants must:

- Have a physical disability.
- Be a resident of Prince Edward Island.
- A graduate from secondary school entering their first year of post-secondary education.

CRITERIA

- Scholarships will be awarded on the basis academic standing, involvement in extracurricular activities and financial need.
- All documents requested in the application form must be included with your application.

APPLICATION DEADLINE

Application form and all attachments must be sent by June 05, 2017. An official transcript of your academic standing for the current year must be included.

SEND TO:

ParaSport and Recreation PEI
P.O. Box 841
Charlottetown, PEI
C1A 7L9

FAX:

902-368-4548

E-MAIL:

info@parasportpei.ca



Scholarship Award Application Form

APPLICANT CONTACT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

HIGH SCHOOL: _____

APPLICANT ADDITIONAL INFORMATION

Please identify your disability.

What is your current academic average? Please provide a copy of high school marks to date.
_____%

Provide the name of the post-secondary institution that you are attending and the name of the degree/diploma you are seeking. Please provide letter of acceptance/confirmation from the post-secondary institution (if available).

Describe your past and present involvement in recreation, sport, and community.

List any awards you have received (academic, athletics, other).

Please outline in **detail** your financial needs. Please include the following information (attach an additional page if necessary):

Expenses

Tuition
Textbooks
Residence/Rent
Transportation & Parking
Other- Please list

Revenues

Employment
Scholarships/Bursaries
Student Loans
Parental Assistance
Other Income- Please list

Please list names of two references and their contact information: (1) Educational Reference, (2) Personal Reference.

Educational: _____

Personal: _____

I declare that the information provided in this application and attachments are true and that no material fact has been withheld.

Signature of the Applicant: _____ Date: _____

Please send a completed application form and attachments by **June 05, 2017** to:

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