

**United Cerebral Palsy Association of Greater Indiana
2018 Book Coleman, Foster Dow and Irma Dow Scholarships**

APPLICATION

1. Name: _____
 Age: _____ Gender: F M
 Home Address: _____
 City: _____ County _____ Zip _____
 Phone: _____ Parent/Guardian: _____

2. High School Name: _____
 Date of Graduation _____
 Address: _____
 City: _____ County _____ Zip _____
 Class Rank: _____ of _____ students GPA: _____ based on a _____ point scale
 SAT Verbal: _____ SAT Math: _____ Other: _____

Use additional sheets if necessary to answer questions 3, 4, and 5.

3. Scholastic Honors and Awards

Nature of Award/Honor	Year Received
-----------------------	---------------

4. Leadership Activities (elected offices, etc.)

Nature of Activity/Office Held	Organization	Year
--------------------------------	--------------	------

5. Extra-curricular Activities (sports, arts, volunteer, scouts, etc.)

Nature of Activity	Year
--------------------	------

6. College of Choice: _____

Accepted:  Y  N

Anticipated field of study: Major: _____

Minor: _____

7. Career Goals:

8. Letters of Recommendation (minimum of 2 required)

Please attach at least one letter of recommendation from a teacher or principal **and** one other non-related individual.

9. To the best of my knowledge, the information contained in this application and the attachments are true, accurate and the original work of the applicant.

Student Signature Date

School Representative or Parent Signature Date

Please submit completed application and attachments no later than May 11, 2018 to:

UCPAGI Scholarship
6270 Corporate Dr.
Indianapolis, IN 46278
Or email to MFoddrill@ucpaindy.org

Questions: (317) 871-4032