Name: Date of Birth:

Address:

Email:

Phone Number:

1. Do you have cerebral palsy? How does cerebral palsy affect you in your daily living and school environment?
2. What is the name of the college/university/private institution?
3. Location and phone number of the institution of study:
4. Is it accredited or certified college and recognized by the Province of BC or the government of Canada?
5. What courses or program are you interested in taking?
6. How long will your course or program run?
7. Do you agree to complete 30 hours of volunteer community service during your academic year?

**Eligibility Criteria**

Criteria and requirements for applicant:

* Applicant must have cerebral palsy. **Documentation needed**. This can be from a private physiotherapist, occupational therapist or a school file. It does not have to be from a physician.
* Applicant must be a current **member of the Cerebral Palsy Association of BC**.
* The Education Institution must be accredited or certified and recognized by the Province of BC.
* Funds from CPABC must go directly to the Education Institution.
* You are required to attach the **following documents** to the application:
1. Proof that you have Cerebral Palsy
2. A short biography
3. Proof that the student is over the age of 17 or a School Completion Certificate or Diploma
4. Resume and 2 letters of reference

* You are required to sign the wavier on page 3, as well as the photo release on page 4, and send it back to us.

Once your application is completed, please email the application and necessary documents to **info@bccerebralpalsy.com**

**Waiver**

I acknowledge and agree that:

* The above is true to the best of my knowledge.
* The CPABC has not had any part in selecting the chosen Education Institution listed above.
* All arrangements with the payment of tuition and other student fees are my responsibility.
* I permit CPABC to contact the professional(s)/agencies/institutions listed above to confirm the information I have provided.

Please sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:

Contact (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Guidelines and criteria set out herein are for general reference only. Final decision and criteria are within the sole discretion of the CPABC and are not appealable.