



## OFCP AWARDS

### NICHOLAS MILOJEVIC SCHOLARSHIP AWARD 2017

#### **Award Description:**

This scholarship is provided to a student with cerebral palsy and a current Lifetime Member of OFCP and who is enrolled in an Ontario College or University and has successfully completed their first year and is entering into their second year of studies.

The Nicholas Milojevic Scholarship Award is in the amount of \$500.00 paid in one instalment. The applicant must be a current Member of the OFCP.

#### **Nomination:**

This Award will be presented to a student with cerebral palsy who has persevered in their studies and has successfully embraced all aspects of the post secondary school education experience. This recipient, in keeping with Nicholas's character, would be an individual who brings joy to others and has a happy and positive disposition. The successful applicant will reflect all of the positive attributes reflected in Nicholas's character which include perseverance, positivity and strength.

A Member can self nominate or be nominated by someone who sees these attributes in a Member.

#### **Presentation:**

This Award will be presented in November 2017.

#### **Nomination Deadline:**

Forms and supporting documentation must be received at the OFCP office by Wednesday, July 5, 2017.

Send completed applications and all accompanying documentation by postal mail to:

Ontario Federation for Cerebral Palsy

Attn: Awards Committee

1630 Lawrence Avenue West, Suite 104

Toronto, Ontario M6L 1C5

Please note that this Award is not automatically presented every year. If you have any questions or need additional information please contact Cathy Persons at 416-244-9686 or toll free 1-877-244-9686, Ext 224 or e-mail [cathy@ofcp.ca](mailto:cathy@ofcp.ca).



## NICHOLAS MILOJEVIC SCHOLARSHIP AWARD 2017

### APPLICATION FORM

#### PART A.

##### TO BE COMPLETED BY NOMINATOR OR STUDENT APPLICANT

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

OFCP Lifetime Membership Number: \_\_\_\_\_

(Please visit our website, [www.ofcp.ca/programs/membership](http://www.ofcp.ca/programs/membership) , for information regarding Lifetime Membership.)

#### PART B.

##### UNIVERSITY OR COLLEGE CURRENTLY ATTENDING

\_\_\_\_\_  
\_\_\_\_\_

#### PART C.

Submit a short biography of about 250 words. This would describe their personal story, perseverance, goals and the joy that they have brought to others through their positive disposition. We would also ask for a reference letter from the individual or group who has been inspired by this recipient.

Please note that your application and accompanying documentation must be in the hands of the Selection Committee, not later than Wednesday, July 5, 2017.