



## **2017 Tamara Gordon Foundation Scholarship Application Form**

The Tamara Gordon Foundation was established in 2013, to assist students with permanent physical disabilities who wish to pursue their dreams of completing an education in their field of study. The Tamara Gordon Foundation Scholarship assists recipients to defray a portion of the costs to complete their post secondary education.

The award of a TGF Scholarship is competitive, therefore academic standing and volunteering will be a significant decision factor for the Selection Committee.

Awards are granted on an annual basis. A recipient in good standing may have their award renewed at the discretion of the Selection Committee through re-application.

### **ELIGIBILITY**

#### **Applicants must:**

1. Be a Canadian Citizen or Landed Immigrant with a physical disability
2. Be enrolled in a program at an Ontario University that is a member of Universities Canada or one of Ontario's 24 Colleges of Applied Arts and Technology for the 2017/18 academic year
3. Be a Grade 12 student in the province of Ontario, or a student already enrolled in a post-secondary program and looking to advance to either year 2, 3, 4 onwards.
4. Demonstrate at least a strong academic record
5. Demonstrate a need for financial assistance
6. Demonstrate strong oral and written communication skills

#### **Applicants must submit:**

1. Confirmation/documentation of enrollment in one of the foregoing academic institutions for the 2017/18 academic year.
2. A copy of the letter of acceptance from the College/University that the applicant will be attending for the 2017/18 academic year (1st year students only)
3. An official (original) transcript from the applicant's most recently completed post-secondary academic year or a copy of the applicant's final grade 12 report card (for applicant's entering their first year of post-secondary education)

4. Two strong letters of recommendation (one academic reference and one character reference)
5. An original two-page, double-spaced essay describing the permanent physical disability, the applicant's academic and career goals, the applicant's future career aspirations, and the reasons why the applicant feels he or she should be selected
6. A physician's letter setting out details of the applicant's disability (not required for applicants seeking to renew a TGF Scholarship award)
7. A brief biographical paragraph about the applicant and his/her disability (100 – 150 words)
8. Summary of costs for tuition, textbooks and other materials for the academic year
9. A list of extracurricular activities, specifying start and end dates for each activity (e.g. school involvement, community volunteer work, arts, sports activities)
10. A passport size photograph (to be used for TGF publications if applicant is selected for Scholarship award)
11. Proof of status in Canada (Citizen or Landed Immigrant)

**Additional Information:**

Scholarships will be provided directly to recipients' College/University.

Award recipients are expected to be available to attend Tamara Gordon Foundation public relations events as well as future galas. They are also required to volunteer at (*at least*) one of the Foundation's annual events.

Scholarships will be presented to recipients at the annual reception to be held on Saturday, September 9 or 23, 2017 (date to be finalized). Attendance at the reception is a condition to receive a TGF Scholarship.

To complete your application, please type or print clearly. Illegible or incomplete applications will not be considered. Applications must be received by the Foundation by Friday, July 7, 2017 in order to be considered.

The Tamara Gordon Foundation wishes all applicants the best with regards to their current and future pursuits. Only successful candidates will be contacted.

## 2017 Tamara Gordon Foundation Scholarship Application

### Personal Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Disability & Date of Onset: \_\_\_\_\_

\_\_\_\_\_

### Please provide an alternate contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Academic Information:

Name of the Institute you are/will be enrolled in: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Student # at the Institute: \_\_\_\_\_

Year of Study (in the coming year): \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Total tuition fees for the year (not including textbooks): \_\_\_\_\_

Will you be receiving other awards, scholarships or bursaries? \_\_\_\_\_

If yes, please list the name(s) and amount(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of current Institution attending: \_\_\_\_\_

Official Mailing address of the Department to which cheques should be mailed (e.g. Financial or Awards Office): \_\_\_\_\_

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

Name of Contact in the Department: \_\_\_\_\_

Telephone No. of Contact \_\_\_\_\_

### **Checklist for application package**

- Completed application form
- Confirmation/documentation of enrolment
- Acceptance Letter (for 1st year students only)
- Official (original) transcript from your University/College or report card from your Secondary School (1st year students)
- Recent letter of reference (Academic)
- Recent letter of reference (Community)
- Original essay authored by applicant
- Physician's letter regarding your disability (for first-time applicants)
- Brief biographical paragraph about yourself and your disability
- Summary of costs for tuition, textbooks and other materials for the academic year
- List of your extracurricular activities
- Photo
- Proof of Canadian citizenship/Landed Immigrant status

### **Declaration of Applicant**

I declare that to the best of my knowledge, the information contained in this application is true and accurate. I give the Selection Committee permission to verify any and all information contained in this application. I understand that the award of this scholarship to me may be revoked without notice if any information in this application is found to be false. I also agree that my name, photo and likeness may be published on the Foundation website or by any media approved by the Foundation should I receive a Tamara Gordon Foundation Scholarship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please submit completed applications by Friday, July 7, 2017 to:

**The Tamara Gordon Foundation Selection Committee**  
**PO Box 3020 Markham & 14th Ave**  
**Markham, Ontario**  
**L3S 4T1**

Applications not received by the Foundation by Friday, July 7, 2017 will not be considered.

**NOTE:** Incomplete Applications without **ALL** the above information will not be processed. References may be contacted by the Selection Committee for clarification.

The decision of the Selection Committee is **FINAL**