



**Manitoba Council
for Exceptional Children**

**THE MANITOBA COUNCIL FOR EXCEPTIONAL CHILDREN
SCHOLARSHIPS**

2019

2 Transition Scholarships

(student with exceptional needs who is transitioning from high school to after school life)

2 Academic Scholarships

(grade 12 or post-secondary student pursuing a career directly related to working with persons with exceptionalities)

Note: This package contains both *Transition* and *Academic* Award Applications.
Please provide the applicant with the one that applies to him/her.

DEADLINE: FRIDAY, JANUARY 25, 2019

Please complete and return all information via mail or email directly to:

**Barb Melnychuk
Scholarship and Awards Committee
The Manitoba Council for Exceptional Children
204-1181 Portage Avenue
Winnipeg, MB.
R3G 0T3
Fax: 204-948-3229
E-mail: mcecawards@gmail.com**



THE MANITOBA COUNCIL FOR EXCEPTIONAL CHILDREN ACADEMIC SCHOLARSHIP APPLICATION

- Eligibility:** There are two scholarships worth \$750.00 each available to support grade 12 or returning university students from Manitoba who are *pursuing a career directly related to working with persons with exceptionalities*. The individuals must be *entering or in a current full time* education program in a Canadian post-secondary institution. The scholarship money will be given directly to the recipient upon verification of enrollment.
- Applicant Information Form:** Complete (type) all sections of the application form.
- Current Resumé:** Attach a current resumé. Be sure to include the following:
 - School Activities:** Leadership positions and extracurricular or co-curricular activities in which you have been involved throughout your high school and/or post-secondary years. Indicate school(s) where the activities took place.
 - Community Activities:** List the community activities that you have been involved in over the years and state whether they were voluntary or paid employment. Special attention should be paid to activities that involve children and/or youth.
- Essay:** Please type and double-space. Name must appear at the top of every page.
 - Academic Scholarship Essay (500-600 words):** Since community and school activities that involve working with children and youth can be very influential in choosing one's future career, outline some of the proudest moments and biggest challenges you have faced in your experiences. Discuss your immediate plans and outline your vision for your future after you have completed your post-secondary education.
- References:** *Two references* are required for the academic scholarship. A reference form is included in the package and should be forwarded by the applicant to his/her references.
 - One reference must be an academic advisor or instructor.
 - One may be a personal reference able to address your current educational pursuits.
- Academic Record:** A certified transcript must be must be included with your application.
- Deadline:** Submissions for the application and related supporting material must be made before **Friday, January 25, 2019.**

Please complete and return all information via mail or email directly to:

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The Manitoba Council for Exceptional Children
204-1181 Portage Avenue
Winnipeg, MB, R3G 0T3
Fax: 204-948-3229
E-mail: mcecawards@gmail.com



Applicant Name: _____

ACADEMIC SCHOLARSHIP APPLICATION FORM

Please TYPE the following information; do not hand-write except for signature

Applicant Information:

Last Name: _____

Given Name(s): _____

Date of Birth: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: _____

Alternate Phone #: _____

E-mail Address: _____

References:

Educational Reference Name: _____

Position: _____

Phone #: _____ E-mail Address: _____

Other Reference Name: _____

Relationship to applicant: _____

Phone #: _____ E-mail Address: _____

Post-Secondary Education Information:

Name of Post-Secondary Institution you plan to attend or are currently attending:

Faculty or Program of Studies: _____

Phone #: _____ E-mail Address and/or Website: _____

I hereby declare that all of the information given with this application is correct and has been completed solely by me. If I am successful, I give permission for the publication of my name, photograph and post-secondary institution.

Signature of Applicant: _____ Date: _____



Applicant Name: _____

ACADEMIC SCHOLARSHIP REFERENCE FORM

To Referee: Please complete this Scholarship Reference Form and submit directly to the Scholarship Committee Chair by **Friday, January 25, 2019**

Applicant's Name: _____

Name of Reference: _____

Relationship to applicant: _____

Phone #: _____

E-mail Address: _____

Please attach a letter of reference evaluating the applicant's motivation and potential to contribute to their chosen field of working with persons with exceptionalities.

Signature of Reference: _____ Date: _____

Please complete and return via mail or email directly to:

Barb Melnychuk
Scholarship and Awards Committee
The Manitoba Council for Exceptional Children
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THE MANITOBA COUNCIL FOR EXCEPTIONAL CHILDREN TRANSITION SCHOLARSHIP APPLICATION

- Eligibility:** There are two scholarships worth \$750.00 each available to a ***student in Manitoba with exceptional needs who is transitioning from high school*** to after school life, such as post-secondary education, job training or employment. The winning student must demonstrate a 'Yes I Can' attitude. The scholarship money is given directly to the student upon verification of graduation from high school.

- Applicant Information Form:** Complete (type) all sections of the application form.

- Current Resumé:** Attach a current resumé. Be sure to include the following:
 - School Activities:** Leadership positions and extracurricular or co-curricular activities in which you have been involved throughout your school years. Indicate school(s) where the activities took place.
 - Community Activities:** List the community activities that you have been involved in over the years and state whether they were voluntary, work experience, or paid employment.

- Transition Scholarship Assignment:** Name must appear at the top of every page.
 - Assignment length and format may vary based on strengths and interests of applicant; different media and means of representation will be accepted (e.g. word-processed document, drawing, audio, video, etc.)** *Most high school students have many dreams and goals. Describe one of your dreams or goals for after you leave school. Why is this dream or goal important to you?*

- References: Two references** are required for the transition scholarship. A reference form is included in the package and should be forwarded by the applicant to his/her references.
 - One reference must be an educator.
 - One reference may be a personal reference with the ability to address your post-school plans.

- Academic Record:** A certified transcript or other appropriate academic record from your school must be must be included with your application.

- Deadline:** Submissions for the application and related supporting material must be made before **Friday, January 25, 2019.**

Please complete and return all information via mail or email directly to:

Barb Melnychuk
Scholarship and Awards Committee
The Manitoba Council for Exceptional Children
204-1181 Portage Avenue
Winnipeg, MB, R3G 0T3
Fax: 204-948-3229
E-mail: mcecawards@gmail.com



Applicant Name: _____

TRANSITION SCHOLARSHIP APPLICATION FORM

Please TYPE the following information; do not hand-write except for signature

Applicant Information:

Last Name: _____

Given Name(s): _____

Date of Birth: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: _____

Alternate Phone #: _____

E-mail Address: _____

References:

Educational Reference Name: _____

Position: _____

Phone #: _____ E-mail Address: _____

Other Reference Name: _____

Relationship to applicant: _____

Phone #: _____ E-mail Address: _____

Post-Secondary Education / Job Training / Employer Information:

Name of post-secondary institution, job training program or employer for after you leave school: _____

Faculty or Program of Studies (if applicable): _____

Phone #: _____

E-mail Address and/or Website: _____

I hereby declare that all of the information given with this application is correct and has been completed solely by me. If I am successful, I give permission for the publication of my name, photograph and post-secondary institution.

Signature of Applicant: _____ Date: _____



Applicant Name: _____

TRANSITION SCHOLARSHIP REFERENCE FORM

To Referee: Please complete this Scholarship Reference Form for a student with exceptional needs who is transitioning to after school life and submit directly to the Scholarship Committee Chair by **Friday, January 25, 2019**

Applicant's Name: _____

Name of Reference: _____

Relationship to applicant: _____

Phone #: _____

E-mail Address: _____

Please attach a letter of reference evaluating the applicant's accomplishments and his/her 'Yes I Can' attitude.

Signature of Reference: _____ Date: _____

Please complete and return via mail or email directly to:

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