

## Truelove Dell Scholarship Fund

### History:

The Truelove Dell Scholarship Fund was established in 2000 by Dr Paul Truelove, Past President of the Board of Easter Seals Ontario and Sarah Dell, 1999 Provincial Easter Seals Ambassador.

### Purpose and Objective:

The Truelove Tribute Dinner was started in 1997 to raise monies for children, youth and young adults who have a physical disability. In 2000, the monies were directed to the development of a Post Secondary Scholarship Endowment. **The purpose of this scholarship is to assist young adults in the Greater Toronto Area (Toronto, Peel, York & Durham) with the cost of post-secondary education or vocational training.**

Applicants will be expected to explore and apply for any government assistance for which they may be eligible and this would be taken into consideration when determining need. Applicants must be a resident of Ontario.

### Application Process:

Scholarship candidates will be reviewed, qualified and the successful candidate(s) will be selected by the Scholarship Selection Committee of Easter Seals Ontario. Candidates will be given consideration based on the following criteria:

- Seeking post-secondary education;
- Demonstration of a consistent level of scholastic achievement and effort throughout their secondary school curriculum or post secondary curriculum;
- Participation in extra curricular activities;
- Served as a model, mentor and/or inspiration to fellow students or community members;
- Have applied for alternate financial assistance and still require assistance

### Supporting Documentation:

The following documentation must be submitted with your completed application form:

- A typed, one-page letter from you in which you have outlined your qualifications for the award, including scholastic achievement, motivation, initiative, and extra-curricular activities, **Easter Seals Ontario volunteer activities** you have undertaken in the past year
- A copy of your secondary and, if applicable, post-secondary transcripts;
- Any interim marks that are available before the deadline date. To be considered valid, interim marks must be submitted on school letterhead and authorized by a school official; and
- If not a registered client or previously registered client of Easter Seals Ontario, please include a current letter from a medical physician outlining your physical disability.

In addition, **AT A MINIMUM** you must ensure that the following references are also submitted by the deadline date:

- An academic reference on school letterhead from your secondary school principal or a current post-secondary institution professor; and
- A personal reference from an individual who is familiar with your current extra-curricular activities and outstanding characteristics. The letter can not be written by a family member.

**Please Note:** all reference letters must be signed, dated within the past 12 months and where appropriate provided on official letterhead.

A Social Insurance Number (SIN) will be requested by Easter Seals from the successful applicant to issue a T4A statement for income tax purposes.

The successful recipient will be expected to thank the benefactors. Funds will not be paid to the successful recipient until the thank you letter and confirmation of enrollment are received. Letters must be received within 2 months of being notified they are the successful recipient.

Funding is awarded for the upcoming school year commencing in September 2021.

If you are applying for more than one scholarship, an application for each scholarship must be completed but only one set of supporting documentation is required.

The application form and all supporting documentation must be received by **April 30, 2021** to:

**Scholarship Selection Committee**  
c/o Alison Morse, Senior Manager- Services  
Easter Seals Ontario  
Suite 700, One Concorde Gate  
Toronto, ON  
M3C 3N6

Please remember to review the application form to ensure all information and supporting letters/documentation is provided. **If any information is missing, the application will not be reviewed.** Ensure you keep a copy of the completed form for your files.

If you have any questions, please call Alison Morse at Easter Seals Ontario, 416-510-5070 or toll free 1-800-668-6252 Ext. 335 or e-mail: [scholarships@easterseals.org](mailto:scholarships@easterseals.org).



**APPLICATION for the TRUELOVE DELL SCHOLARSHIP FUND**

**Surname:** \_\_\_\_\_ **Given Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Your Email:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**Registered with Easter Seals Ontario: Yes: \_\_\_ No: \_\_\_**

**Previous Recipient of Easter Seals Scholarship: No: \_\_\_ Yes: \_\_\_**

**Name of Scholarship & year awarded:** \_\_\_\_\_

<u>Name of Secondary School</u>	<u>Month/Year Attended</u>	<u>Graduated?</u>	Yes ___	No ___
_____	_____	_____		
_____	_____	_____		

**Proposed Post Secondary Education/Training Program (if in secondary school):**

Program/Course Name and Brief Description:

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

Name of College/University/Institution:

\_\_\_\_\_

Length of program/course: \_\_\_\_\_ Years to Graduation: \_\_\_\_\_

Have you been accepted: Yes: \_\_\_ No: \_\_\_

Course Commences (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**If currently attending University or College:**

Name of University or College: \_\_\_\_\_

Qualification/Degree on successful completion: \_\_\_\_\_

What year will you be entering in fall 2021: \_\_\_\_\_

Full Time: Yes \_\_\_ No \_\_\_ Part Time: Yes \_\_\_ No \_\_\_

Anticipate number of courses per semester in 2021/22: \_\_\_\_\_

Years to Graduation: \_\_\_\_\_

Have you applied to other organizations for funding? Yes  No

If yes, what organization(s) \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Confirmed? Yes  No

Have you or will you be applying for OSAP? Yes  No

Personal funds you intend to contribute: \$ \_\_\_\_\_

**Costs to be incurred**

Item	Estimated Costs
Tuition Fees	
Books	
Transportation	
Accommodation(if required)	
Student Activity Fees	
Other(Please specify)	
<b>TOTAL COST</b>	
<b>Amount requested from Easter Seals Ontario</b>	

I certify that the information provided in the application is true, correct, and complete to the best of my ability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you are a successful scholarship recipient, do you give permission for Easter Seals Ontario to share your application letter with the scholarship donor. Yes: \_\_\_\_ No: \_\_\_\_

**Application Deadline**

The application form and all supporting documentation must be received by **April 30, 2021** to:

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Suite 700, One Concorde Gate  
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