**2024 Tamara Gordon Foundation**

**Scholarship Application Form**

**www.tgfoundation.ca**

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

TGF Scholarships are competitive, and therefore awarded based on academic standing and volunteer contributions within the community. These are significant factors in the decision making of the Selection Committee.

Awards are granted on an annual basis. A recipient in good standing may have the amount of his or her award varied at the sole discretion of the Selection Committee.

**ELIGIBILITY**

**Applicants must:**

1. Be a Canadian Citizen or Landed Immigrant with a permanent physical disability.
2. 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 or onwards.
3. For students currently enrolled in a post-secondary program, the post-secondary institution must be a member of Universities Canada or one of Ontario's 24 Colleges of Applied Arts and Technology. The scholarship would be for the 2024/2025 academic year.
4. Demonstrate a strong academic record.
5. Establish a need for financial assistance.

**Applicants must submit:**

1. Confirmation/documentation of enrollment in one of the foregoing academic institutions for the 2024/2025 academic year. (**First-time applicants only**)
2. A copy of the letter of acceptance from the College/University that the applicant will be attending for the 2024/2025 academic year. (**First 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 those entering their first year of post-secondary education.
4. Past recipients are strongly encouraged to be volunteers and ambassadors for the Foundation if they are physically and/or verbally able to do so.
5. Two letters of recommendation (one academic reference and one-character reference).
6. An original one-page, single-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.
7. A physician’s letter setting out details of the applicant’s permanent physical disability. (**not required for applicants seeking to renew a TGF Scholarship Award**).
8. A brief biography of 100 words or less introducing yourself, emphasizing your academic and personal achievements. Additionally, provide a high-level summary of your disability without disclosing confidential details. To showcase your unique journey and inspire others. The bio will be shared in any one or more of our media including, but not limited to: our YouTube channel, TGF website, social media posts, reception programs and communications with our donors. Focus on your strengths and how this sponsorship aligns with your aspirations. **Please submit this by e-mail to: tamaragfoundation@gmail.com.**
9. Summary of costs for transportation, tuition, textbooks, and other materials for the academic year.
10. A list of extracurricular activities, specifying start and end dates for each activity (e.g., school involvement, community volunteer work, arts, sports and TGF activities).
11. A passport size photograph (to be used for TGF publications if applicant is selected for a Scholarship Award). **Please submit the photo by e-mail to: tamaragfoundation@gmail.com.**
12. Proof of status in Canada (Citizen or Landed Immigrant). (**First-time applicants only**)
13. How did you hear about the scholarship? If you heard about the TGF from a past recipient, please provide that person’s name.

**Additional Information:**

Scholarships are usually presented to recipients at the September Awards Ceremony for submission directly to their College/University. Students who are selected to be 2024/2025 recipients will be notified of the exact date and location for the 2024 event in due course.

In completing your application, please type or print clearly. Illegible or incomplete applications will not be considered. Applications must be received by the Foundation on or before **Friday, August 2, 2024,** in order to be considered.

The Tamara Gordon Foundation wishes all applicants the best regarding their current and future pursuits. Only the students who meet the eligibility requirements will be selected and contacted.

**Follow us on social media:**

**Facebook: Tamara Gordon Foundation**

**Instagram: @tgfoundation**

**Twitter: @tgfoundation13**

**Website:** [**www.tgfoundation.ca**](http://www.tgfoundation.ca)

**YouTube: Tamara Gordon Foundation**

**2024 Tamara Gordon Foundation Scholarship Application**

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| --- | --- |
| PERSONAL INFORMATION | |
| Full Name |  |
| Nature of Disability & Date of Onset |  |
| Mailing Address |  |
| City & Province |  |
| Postal Code |  |
| Phone Number |  |
| Email |  |

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| --- | --- |
| PLEASE PROVIDE AN ALTERNATE CONTACT | |
| Full Name |  |
| **Relationship** |  |
| Contact Information (Address, Phone, Email) |  |

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| --- | --- | --- | --- | --- |
| ACADEMIC INFORMATION | | | | |
| Current College/University |  | | | |
| Program of Study |  | | | |
| Student Number |  | | | |
| Year of Study (in coming year) |  | | Expected graduation date (DD/MM/YYYY) |  |
| Total tuition fees for the year (*not including textbooks*) |  | | | |
| Will you be receiving other awards, scholarships, or bursaries? | **Please circle one:**  Yes or No  \* *If yes, please list the name(s) and amount(s):* | | | |
| Please provide details of the Department to which cheques should be mailed (e.g., Financial or Awards Office) | Name of Contact |  | | |
| Mailing Address |  | | |
| City & Province |  | | |
| Postal Code |  | | |
| Phone Number |  | | |

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| --- |
| Are you a previous TGF Scholarship Recipient? **Please circle** Yes or No  Were you referred by a former TGF Scholarship Recipient for this award? **Please circle one:**  Yes or No. *If Yes, please write the name of the Recipient below.*  *If no, how did you hear about the TGF scholarship?* |

**Checklist for application package**

* Completed application form
* Confirmation/documentation of enrolment
* Acceptance Letter **(First year students only**)
* Official (original) transcript from your University/College or report card from your Secondary School
* Recent letter of reference (Academic)
* Recent letter of reference (Community)
* How did you hear about the Foundation?
* Original essay authored by applicant
* Physician’s letter regarding your permanent physical disability **(First-time applicants)**
* Brief biographical paragraph about yourself and your disability **(Please submit this by e-mail to tamaragfoundation@gmail.com)**
* Passport size photo **(Please submit this by e-mail to tamaragfoundation@gmail.com)**
* Summary of costs for tuition, textbooks, and other materials for the academic year
* List of your extracurricular activities
* Proof of Canadian citizenship/Landed Immigrant status **(First-time applicants)**

**Declaration and Acknowledgment**

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 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 incorrect.

If I am a recipient of the Tamara Gordon Foundation Scholarship, I also agree and acknowledge consent for the Foundation to use my name, photo and biography for promotional purposes on social media, our YouTube channel, the TGF website and communications with donors. I also, agree that all documents submitted to the Foundation for this Scholarship are legal property of the Foundation and will not be returned.

Furthermore, I acknowledge that the selection of successful candidates and the value of each scholarship to be awarded is within the sole and absolute discretion of the Selection Committee. I acknowledge the selection of candidates and the value of each scholarship is made on an annual basis and the award of a scholarship and the value of a scholarship awarded to a candidate in no way requires or obligates the Selection Committee to award a scholarship to a candidate in any subsequent year.

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**Please Print Applicant ’s Full Name**

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**Applicant’s Signature** **Date**

Please submit completed applications by **Friday, August 2, 2024,** to:

**The Tamara Gordon Foundation Selection Committee**

**PO Box 3020 Markham & 14th Ave**

**Markham, Ontario, L3S 4T1**

Applications received by the Foundation after **Friday, August 2, 2024,** will not be considered.

**NOTE:**  Incomplete Applications will not be processed. References may be contacted by the Selection Committee Member or anyone of the TGF Executive Board Member for clarification.