

Colleen L. Fraser Scholarship Fund 
Application Cover Sheet

Date of Application: _____

APPLICANT INFORMATION:

Name

Address

City/State/Zip

Telephone (indicate Home, Work, Mobile)

Email Address

Date of Birth

M / F

Social Security #

AMOUNT OF SUPPORT REQUESTED: (not to exceed \$500.00) \$ _____

REQUEST SUMMARY:

Please select in which area of independent living the funds will be used:

- Education
- Home Modifications
- Vehicle Modifications
- Career Development
- Other _____

If accepted, how will you use the funds? (Be Specific)

I certify that I am a resident of the State of New Jersey and that I am a person with a disability. I agree to use the funds for the purpose explained in my application or I must repay. I agree to provide a follow-up report upon request from the committee. I agree that PCIL to use my photograph and story with or without my name and for any lawful purpose, including, but not limited to, advertising, publicity, illustration and web content.

Print Name

Signature

Colleen L. Fraser Scholarship Fund
Grant Application Instructions



Narrative for sections II and III

Please provide the following information in narrative form using the format below. Narrative should not exceed four (4) pages, must be typed in font size 12 or larger, double spaced, with 1" margins, and should restate each section heading. Do not bind, staple or use report covers.

I. COLLEEN L. FRASER SCHOLARSHIP FUND - COVER SHEET

II. APPLICANT INFORMATION

- a. Provide written statement by the **applicant** explaining how Fraser Fund will improve your ability to live a more independent and fruitful life, be specific.
- b. List examples of past successes at completing personal goals designed to increase independence.
- c. If applicable, a list of individuals, organizations or agencies that will assist applicant in facilitating desired goals.

III. PURPOSE

- a. Provide a written statement of the specific activities being done with the funds.
 - i. List the specific activities for which you seek funding.
 - ii. Explain your overall goal(s).
 - iii. List specific objectives or ways in which you will meet the goal(s).
 - iv. Provide a letter of reference from family or friend, stating how Fraser Fund will contribute to your independence.

Submissions are accepted throughout the year. Announcements regarding status of application are usually made within 30 working days from the date of receipt.

Applications can be mailed or dropped off to Mercer office located at:

The Fraser Fund
Progressive Center for Independent Living
1262 Whitehorse-Hamilton Square Road
Building A, Suite 102
Hamilton, NJ 08690

Any questions about this application should be submitted via email to scott.elliott@pcil.org.