



**The Brain Injury Alliance of Washington (BIAWA)  
Academic Scholarship Application  
Eastern Washington Student Scholarship  
2017-2018 Academic Year**

### **Scholarship Description**

The Eastern Washington Undergraduate Scholarship will be given to an undergraduate student or students studying in Eastern Washington who will receive a one-time scholarship of up to \$1,000 to further their undergraduate education.

### **Eligibility Requirements**

To qualify for this scholarship, you **must**:

- Be a senior in high school ready for graduation in the year the scholarship will be awarded **OR** already be enrolled in an undergraduate program at a college, university, vocational or technical school;
- Be a Washington State resident and attending school in Eastern Washington;
- Be a survivor of Brain Injury. Verification can be in the form of medical records or a vouching from the BIAWA staff, board members, or support group facilitator;
- Be enrolled full or part time for the academic year of award (award will be prorated if part time);
- Submit a completed application and all applicable attachments by the deadline;
- Not have previously received an Academic Scholarship from BIAWA.

### **Deadline**

Applicants must submit a completed application with all applicable attachments postmarked no later than **August 15<sup>th</sup>, 2017** for consideration for the 2017-2018 academic year. Scholarship recipients will be notified within 60 days of this deadline. Only the recipients will be notified. **Incomplete applications will not be considered.**

If you have any questions, please contact Jenna at (206) 467-4807 or [jennak@biawa.org](mailto:jennak@biawa.org)



# Brain Injury Alliance

WASHINGTON

Please Print or Type the Application

## Student Background Information

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Name in Full \_\_\_\_\_  
First Middle Last

Permanent Address \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Current High School/College \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Date of Graduation or Projected Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School Counselor \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_



**Educational Objective:**

I hope to obtain a(n):

- Associate Degree
- Four year Degree
- Vocational Certificate

Name of institution of higher learning you will be attending in Fall 2017: \_\_\_\_\_

Degree you will be pursuing: \_\_\_\_\_

Number of hours or credits enrolled in:                      Full Time          Part Time

What do you hope to do with your degree? \_\_\_\_\_

Are you or do you hope to be involved in an extracurricular activities while in school? \_\_\_\_\_

Contact information for the Financial Aid office at your institution:

\_\_\_\_\_

Number    Street

\_\_\_\_\_

City    State    Zip

Telephone                      (\_\_\_\_) \_\_\_\_\_

Student ID Number: \_\_\_\_\_



**Please relate your experience with brain injury.**

---

---

---

---

---

---

---

---

---

---

**Mail applications to:**      **The BIAWA**  
   **PO Box 3044**  
   **Seattle, WA 98114**

**Email:**                          **jennak@biawa.org**

<b>Application must be received no later than August 15<sup>th</sup>, 2017.</b>
---

**Attachments Checklist**

- Verification of brain injury (can be in the form of medical records or a vouching from the BIAWA staff, board members, or support group facilitator).
- Proof of acceptance/enrollment
- Applicant’s most recent academic transcript
- One letter of recommendation from a colleague, educator or supervisor



# Brain Injury Alliance

WASHINGTON

## The Brain Injury Association of Washington (BIAWA) Academic Scholarship Letter of Recommendation

To be completed by the person making the recommendation

Please discuss your reasons why the student deserves an academic scholarship from BIAWA. Describe the affect brain injury has had on the student. This recommendation may be typed on the back of this form or on a separate sheet attached to this form.

Name of Student: \_\_\_\_\_  
First Middle Last

Your name: \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this letter of reference to:

The BIAWA  
PO Box 3044  
Seattle, WA 98114  
[jennak@biawa.org](mailto:jennak@biawa.org)  
(206) 467-4808

Email:

Fax:

Must be received no later than August 15<sup>th</sup>, 2017