



**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 **June 30th, 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



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: _____



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
(206) 467-4808

Email:

Fax:

Must be received no later than June 30th, 2017