



**The Brain Injury Alliance of Washington (BIAWA)
Academic Scholarship Application
Higher Education/Professional Scholarship
2017-2018 Academic Year**

Scholarship Description

The Higher Education/Professional scholarship will be given to a professional(s) or student(s) in postsecondary education who are committed to advances in brain injury knowledge in the state of Washington who will receive a one-time only scholarship in the amount of \$1,000 to further their postsecondary education.

Eligibility Requirements

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

- Be a student in postsecondary education, enrolled full time, who are committed to advances in Brain Injury knowledge;
- Be a Washington State resident and attending school in Washington State;
- 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

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 ____/____/____

Permanent Address _____
Number Street

City State Zip

Telephone (____)_____ E-mail: _____

Educational Objective:

I am working towards a(n):

- _____ Master's Degree
- _____ Doctoral Degree
- _____ Other Professional Degree

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



Current and past contributions: Explain your current and/or past involvement with the brain injury community.

Community Involvement & Volunteer Efforts: List community activities & volunteer work in which you have participated. Include the type of work, the name of the agency or organization & dates participated.

Mail applications to: The BIAWA
 PO Box 3044
 Seattle, WA 98114
Email: jennak@biawa.org

Application must be received no later than June 30th, 2017.

Attachments Checklist

- Verification of brain injury as area of educational interest
- 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 Alliance 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 the Professional/Higher Education scholarship from BIAWA. How is this student committed to ensuring advances in brain injury knowledge? 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 Last

Title:

Address:

Number Street

City State Zip

Telephone: (____) _____ E-mail: _____

How long have you known the student and 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