



**The Brain Injury Alliance of Washington (BIAWA)  
Academic Scholarship Application  
Higher Education/Professional Scholarship  
2016-2017 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 30<sup>th</sup>, 2016** for consideration for the 2016-2017 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 BIAWA at (206) 467-4800 or [nicoleg@biawa.org](mailto:nicoleg@biawa.org)

**Student Background Information**

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





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

Contact information for the Financial Aid office at your institution:

\_\_\_\_\_

Number Street

\_\_\_\_\_

City State Zip

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

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

**Career Objective:**

Please explain your goals as they relate to the brain injury community:

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\_\_\_\_\_

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

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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.

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

**Application must be received no later than June 30<sup>th</sup>, 2016.**

**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



**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  
nicoleg@biawa.org  
(206) 467-4808**

**Email:**

**Fax:**

**Must be received no later than June 30<sup>th</sup>, 2016**