



**The Brain Injury Alliance of Washington (BIAWA)
Academic Scholarship Application
Higher Education/Professional Scholarship
2019-2020 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. This is a one-time only scholarship of up to \$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, and 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, 2019** for consideration for the 2019-2020 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 email jennak@biawa.org



**Brain Injury
Alliance
WASHINGTON**

Student Background Information

Date of Application: ____/____/____

Legal Name in Full

First

Middle

Last

Mailing Address

Street Address

City

State

Zip

Telephone

(____) _____ E-mail: _____

Date of Birth

____/____/____

Educational Objective:

I am working towards:

_____ Master's Degree

_____ Doctoral Degree

_____ Other Professional Degree

Name of institution of higher learning you will be attending in Fall 2019: _____

Degree you will be pursuing: _____

Number of hours or credits enrolled in:

Full Time

Part Time



Brain Injury
Alliance
WASHINGTON

Name of Direct Supervisor: _____

Phone Number: (____) _____ E-mail: _____

Contact information for the Financial Aid office at your institution:

Street Address

City

State

Zip

Telephone: (____) _____

Student ID Number: _____

Career Objective:

Please explain your goals as they relate to the Brain Injury community:



**Brain Injury
Alliance
WASHINGTON**

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: **BIAWA**
PO Box 3044
Seattle, WA 98114
Email: jennak@biawa.org
Fax: 206-467-4808

Application must be sent no later than June 30th, 2019.

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 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 Last

Your name: _____
First Last

Title: _____

Address: _____
Street Address

_____ 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:

**BIAWA
PO Box 3044
Seattle, WA 98114
jennak@biawa.org
(206) 467-4808**

Email:

Fax:

Postmarked no later than June 30th, 2019