The Brain Injury Alliance of Washington (BIAWA)
Academic Scholarship Application
Eastern Washington Undergraduate Scholarship
2020-2021 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 BIAWA staff, board member, 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, 2020 for consideration for the 2020-2021 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
Student Background Information

Legal Name in Full

First
Middle
Last

Mailing Address

Street Address

City
State
Zip

Telephone

(____)______________  E-mail: ________________________________

Date of Birth

_____/_____/______

Name of Parent or Guardian

__________________________________________

Name of Current High School/College

__________________________________________

School Address

Street
City
State
Zip

Date of Graduation or Projected Graduation

_____/_____/______

Name of School Counselor

__________________________________________

Phone Number: (___)______________  E-mail: ________________________________
Educational Objective:

I hope to obtain:

_____ Associate Degree
_____ Four year Degree
_____ Vocational Certificate

Name of institution of higher learning you will be attending in Fall 2020: ________________________________
______________________________________________________________________________________

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 extracurricular activities while in school? ______________
______________________________________________________________________________________

Contact information for the Financial Aid office at your institution:

______________________________________________________________________________________

Street Address

______________________________________________________________________________________

City State Zip

Telephone (___)__________________

Student ID Number: ______________________________
Please relate your experience with Brain Injury:

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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, 2020.

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

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 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 Last

Your name:  _________________________________________________________________
First Last

Title:  _________________________________________________________________

Address:  _________________________________________________________________
Street Address
City State Zip

Telephone:  (______)______________ E-mail: ______________________________________

How long have you known the student? _________________________________________

In what capacity? ____________________________________________________________

______________________________________________________________________________

Signature: ___________________________________________ Date: _________________

Please send this letter of reference to:  BIAWA
PO Box 3044
Seattle, WA 98114

Email: jennak@biawa.org
Fax: (206) 467-4808

Must be postmarked no later than June 30th, 2020

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