



**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



Brain Injury Alliance WASHINGTON

Please Print or Type the Application

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 ____/____/____

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: _____



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

**Email:
Fax:**

Must be postmarked no later than June 30th, 2020