



**The Brain Injury Alliance of Washington (BIAWA)  
Academic Scholarship Application  
Western Washington Undergraduate Scholarship  
2020-2021 Academic Year**

### **Scholarship Description**

The Western Washington Undergraduate Scholarship will be given to an undergraduate student or students studying in Western 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 Western 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 30<sup>th</sup>, 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](mailto: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**

**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: \_\_\_\_\_



**Brain Injury  
Alliance  
WASHINGTON**

**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](mailto:jennak@biawa.org)  
 Fax: **206-467-4808**

**Application must be sent no later than June 30<sup>th</sup>, 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



**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  
\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this letter of reference to:**

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

**Email:**

**Fax:**

**Must be postmarked no later than June 30<sup>th</sup>, 2020**