



**The Brain Injury Alliance of Washington (BIAWA)  
Academic Scholarship Application  
Higher Education/Professional Scholarship  
2021-2022 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 30<sup>th</sup>, 2021** for consideration for the 2021-2022 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 Kelsey at (206) 467-4807 or email [kelseyr@biawa.org](mailto:kelseyr@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 2021: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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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: **BIAWA**  
PO Box 3044  
Seattle, WA 98114  
Email: [kelseyr@biawa.org](mailto:kelseyr@biawa.org)  
Fax: 206-467-4808

**Application must be sent no later than June 30<sup>th</sup>, 2021.**

**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  
[kelseyr@biawa.org](mailto:kelseyr@biawa.org)  
(206) 467-4808**

**Email:**

**Fax:**

**Postmarked no later than June 30<sup>th</sup>, 2021**