



**The Brain Injury Alliance of Washington (BIAWA)
Academic Scholarship Application
Western Washington Undergraduate Scholarship
2021-2022 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 30th, 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



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 2021: _____

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

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

Email:

Fax:

Must be postmarked no later than June 30th, 2021