

Brain Injury Survivors Grant Program Educational Award

Purpose: To support a graduating high school student with acquired brain injury to achieve their goals of higher education.

This award will be given every year to a graduating high school senior who is planning on continuing his/her education beyond high school. This may include a 2 year college, 4 year college, or other professional/trade school. The money can be used towards tuition, books, or other necessary supplies (e.g., computer). Decisions about the award will be based on the merit of the application.

Amount: The annual award will be \$500 dollars.

Deadline: Applications will be accepted from March 1st to May 31st of the year in which you graduate high school.

Decision Date: Decisions regarding the scholarship will be made in June. Award is contingent upon proof of enrollment in a college or professional/trade school.

Application Materials: Applicants must submit application (see PDF below) and one reference letter. This letter should be completed by a professional (e.g., therapist, teacher, medical professional) who works with the student who can attest to the student's need and the impact of his/her brain injury on day to day functioning.

Information for Person Completing the Reference: Please submit a letter describing your relationship to the applicant and pertinent information you think may be helpful in making this decision. This may include hurdles that the student has overcome and ongoing challenges related to the brain injury.

Submission: Application materials can be emailed to info@biadc.org or mailed to:

Brain Injury Association of D.C.
1232 17th Street, N.W.
Washington, D.C. 20036



Brain Injury Association of D.C., Inc.

Brain Injury Survivors Grant Program
Educational Award Application

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Email: _____

Current School/Grade: _____ Date of Graduation: _____

Date of Injury/Illness: _____

How did you acquire your illness/injury (e.g., Traumatic Brain Injury from Motor Vehicle Accident):

Name/Contact Information for Reference: _____

On an additional sheet, please write a brief personal statement (400 words or less) addressing the following topics:

- What school/program do you plan to attend?
- How has your brain injury impacted your ability to achieve your educational goals and how you have overcome some of these challenges?
- How would this money help you achieve your goals?