**Application Form**

 **KATHERN F. GRUBER & THOMAS H. MILLER SCHOLARSHIPS**

 **2018-2019 ACADEMIC YEAR**

 **General Instructions**

**1.  Please read the instructions and questions on the application carefully before attempting to supply the information requested.**

**2. Please type or print plainly in ink the information requested on this form and in the supporting statements.**

**3. Whenever the space provided on the form is inadequate, please attach a separate sheet or sheets (on 8 1/2" x 11" paper) to present fully the information requested.**

**4. Applicant's name should be clearly printed on the bottom of each page of this form, on each additional sheet and on all documents submitted.**

**Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEX\_\_\_\_\_\_\_\_**

 **Last First Middle**

**PERMANENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street and No.  City State Zip**

**CURRENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street and No.  City State Zip**

**PERMANENT CURRENT**

**TELEPHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE IN WHICH YOU CLAIM RESIDENCE\_\_\_\_\_\_\_\_\_\_**

**LAST 4 OF SOCIAL SECURITY NUMBER \_\_\_**

**INSTITUTION FOR WHICH SCHOLARSHIP IS SOUGHT (must be an accredited institution of higher education or business, secretarial or vocational training school) Neglecting to include this information could disqualify your application:**

**Name and Address of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you presently attending?\_\_\_\_\_\_\_If no, when were you accepted for admission?\_\_\_\_\_\_\_**

**What program are you in (undergraduate or graduate; field of study)?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you be a full-time student?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When do you expect to receive your degree?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS BVA SCHOLARSHIPS:**

**Have you previously received a scholarship from the BVA?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, when and at what institution?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COSTS PAYABLE DIRECTLY TO INSTITUTION: Itemize the estimated costs, payable directly to the school, of your tuition, books and other academic fees for the coming year. Neglecting to include this information could disqualify your application. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all educational institutions you have attended since high school.**

 **DEGREE RE‑**

**NAME OF THE DATES OF ATTENDANCE CEIVED OR**

**INSTITUTION LOCATION 20\_\_\_\_to 20\_\_\_\_ EXPECTED**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**EMPLOYMENT EXPERIENCE: (Give employer, dates of employment, and type of work.)**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBMIT THE FOLLOWING WITH YOUR APPLICATION OR SEPARATELY**

**(Incomplete applications will not be submitted to the scholarship committee. It is the responsibility of the applicant not BVA to ensure a complete application):**

**TRANSCRIPTS:**

* **If you have attended an institution of higher education (or several of them), you must submit a transcript of your record at each institution.**
* **If you have not attended an institution of higher education, you must submit a transcript of your high school record.**
* **If an applicant has only been to college one semester, he/she must submit his/her high school transcript in addition to the college transcript!**

 **THREE REFERENCE LETTERS IN CALENDAR SCHOOL YEAR:**

1. **ONE letter of ACADEMIC reference, related to your academic achievements this reference must be formalized through the use of letterhead paper or business stationary by the authors. Letters of academic reference must be related to the school they are attending or will be attending, and must be no later than six months old.**
2. **TWO letters of PERSONAL reference in which the author must identify his/her relationship with the applicant.**
* **ALL Reference letters must be typed.**
* **ALL letters must be addressed to the Blinded Veterans Association**
* **Letters of reference used for previous scholarship applications will NOT be accepted**
* **All letters of reference must be signed**
* **Letters of reference MAY NOT come from a family member**

**STATEMENT OF CAREER GOALS:  Describe briefly (at least 300 words) your post-education, lifetime, specific career goals and aspirations (i.e., what you plan to do after completing your education), and outline your plans to pursue them. It is highly recommended that the statement of career goals be prepared using a typewriter or word processor. Previous scholarship applicants must submit a new statement with each application.**

**OPTIONAL:**

**OTHER EVIDENCE OF ACHIEVEMENT: You may submit other evidence of achievement in the academic and/or the non-academic fields, which you believe qualifies you for a scholarship award. However, such evidence must be corroborated by documentation, i.e., a copy of a certificate documenting the award, or copy of a citation, etc. If applicant reapplies, do not include the same awards and certificates with package that was used in previous years, specifically if they are already in college.**

**Scholarships will be awarded for one year only. Applicants are advised that the BVA National Board of Directors' policy concerning the Kathern F. Gruber and Thomas H. Miller scholarships is that the number of scholarships a recipient may receive under each program will be limited to four (4).**

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR BLINDED VETERAN PARENT, GRANDPARENT, SPOUSE, or ACTIVIE DUTY BLINDED SERVICE MEMBER:**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**V.A. FILE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SOCIAL SECURITY NUMBER \_ - -\_\_\_\_\_\_\_**

**PERMANENT ADDRESS OF BLINDED VETERAN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street and No. City State Zip**

**PERMANENT TELEPHONE NUMBER OF BLINDED VETERAN**

**( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROOF OF BLINDED VETERAN FAMILY MEMBER'S BLINDNESS:**

**Applicants MUST provide written proof of legal blindness for the above mentioned blinded veteran. Proof may be a written statement from a doctor, but CANNOT be an individual’s DD-214.**

**If known, a blinded veterans BVA member number may serve as proof of blindness, please provide below.**

**BVA MEMBER NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail your application and required material to:**

 **Blinded Veterans Association**

 **Attn: Scholarship Program**

 **125 N. West Street, 3rd Floor**

 **Alexandria, VA 22314**

**APPLICATIONS, AND ALL SUPPORTING MATERIALS, MUST BE RECEIVED AT THE BVA NATIONAL HEADQUARTERS BY NOT LATER THAN FRIDAY, APRIL 20, 2018.**

**Additional scholarships are offered through the BVA Auxiliary.**

**Visit** [**www.nbvaaux.org**](http://www.nbvaaux.org) **for more information**