

# **Application Form**

## KATHERN F. GRUBER & THOMAS H. MILLER SCHOLARSHIPS 2021-2022 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  |                          | <u>—</u>           |       |     |
|--|--------------------------|--------------------|-------|-----|
| NAME_  |                          |                    |       | SEX |
| Last   | First                    | Middle             | е     |     |
| PERMANENT ADDRESS  | S                        |                    |       |     |
|  | Street and No.           | City               | State | Zip |
| CURRENT ADDRESS  |                          |                    |       |     |
| _  | Street and No.           | City               | State | Zip |
| PERMANENT TELEPHONE ( )  |                          | CURRENT<br>TELEPHO |       |     |
| STATE IN WHICH YOU   | CLAIM RESIDENCE_         |                    |       |     |
| LAST 4 OF SOCIAL SEC   | CURITY NUMBER            |                    |       |     |
| INSTITUTION FOR WHI<br>higher education or bus<br>this information could o | siness, secretarial or v | ocational train    |       |     |
| Name and Address of Ir   | nstitution               |                    |       |     |
|  |                          |                    |       |     |

| Are you presently atto   | ending?If no, w        | hen were you accepted fo  | or 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 SCH   | OLARSHIPS:             |                           |               |  |  |
| Have you previously  | received a scholarship | o from the BVA?           |               |  |  |
| If so, when and at wha   | at institution?        |                           |               |  |  |
| disqualify your applic   | eation.<br>            | ON: (Neglecting to includ |               |  |  |
|  |                        | on:                       |               |  |  |
| Books and Other Aca  | demic Fees for upcor   | ming year:                |               |  |  |
|  |                        | DU HAVE ATTENDED SIN      |               |  |  |
| NAME OF THE INSTITUTION  | LOCATION               | DATES ATTENDED 20TO 20    | _             |  |  |
|  |                        |                           |               |  |  |
|  |                        |                           |               |  |  |
|  |                        |                           |               |  |  |
|  |                        |                           |               |  |  |
|  |                        |                           |               |  |  |
| EMPLOYMENT EXPE  | DIENCE                 |                           |               |  |  |
| EMPLOYER   | DATES OF EMPLOYMENT    | TYPE OF EMPLOYMENT        | NOTES         |  |  |
|  |                        |                           |               |  |  |
|  |                        |                           |               |  |  |
|  |                        |                           |               |  |  |

#### 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 using 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) <u>TWO</u> 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 <a href="https://example.com/highly/mecommended">highly/mecommended</a> 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.

| APPLICANTS NAME |  |
|-----------------|--|
|                 |  |

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\_\_\_\_ Middle First Last VA FILE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_ - -PERMANENT ADDRESS OF BLINDED VETERAN City Zip Street and No. State 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: BVA MEMBER NUMBER Print/Mail your application and required material to: **Blinded Veterans Association** 

Blinded Veterans Association Attn: Scholarship Program 1101 King Street, Suite 300 Alexandria, VA 22314

APPLICATIONS, AND ALL SUPPORTING MATERIALS, MUST BE RECEIVED AT THE BVA NATIONAL HEADQUARTERS BY NOT LATER THAN FRIDAY, APRIL 16, 2021

Additional scholarships are offered through the BVA Auxiliary. Visit <a href="https://www.nbvaaux.org">www.nbvaaux.org</a> for more information

| APPLICANTS NAME |  |
|-----------------|--|
|                 |  |