**Application Form**

 **KATHERN F. GRUBER SCHOLARSHIP**

 **2024-2025 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. The application can also be completed and submitted online.**

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

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_\_**

 **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: \_\_\_\_\_\_\_\_\_\_**

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

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

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**Are you presently enrolled?\_\_\_\_\_\_If not, when were you accepted for admission?\_\_\_\_\_\_\_\_**

**Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate or Undergraduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**When do you expect to receive your degree (month and year)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS BVA SCHOLARSHIPS:**

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

**If so, when (month and year) was the scholarship awarded and for which higher 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**

**Name of the Dates of Attendance Received or**

**Institution Location 20\_\_\_\_ to 20\_\_\_\_ Expected**

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

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**EMPLOYMENT EXPERIENCE: (Provide employer(s), 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 from each institution.**
* **If you have not attended an institution of higher education, you must submit a transcript of your high school record.**
* **If you have been to college only one semester, you must submit your 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 or business stationary from the affiliated organization. Letters of academic reference must be related to the school you are attending or will be attending and must be no later than six months old.**
2. **TWO letters of PERSONAL reference in which the authors must identify their relationship with you.**
* **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 in no more than 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 composed on a computer. Previous scholarship applicants must submit a new statement with each application.**

**OPTIONAL ADDITIONAL EVIDENCE OF ACHIEVEMENT: You may submit other evidence of achievement in the academic and/or the non-academic fields that 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, a copy of a citation, etc. If you are reapplying for another scholarship, do not include the same awards and certificates with the package that were used in previous years, especially if you 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 scholarships is that the number of scholarships a recipient may receive under the program will be limited to four (4) during enrollment.**

**Please provide the following information about the blind or low vision veteran:**

**(Parent, Grandparent, Spouse, or Active Duty Blind or Low Vision Service Member)**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**Permanent Address of Blind or Low Vision Veteran:**

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

 **Number and Street City State Zip**

**Permanent telephone number of Blind or Low Vision Veteran:**

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

**Applicants must provide written proof of veteran or active-duty service member eligibility to receive Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Blind Rehabilitation Service (BRS) as defined within Directive 1174, Blind and Visual Impairment Rehabilitation Continuum of Care (including any future updates or revisions) for the aforementioned blind or low vision veteran if he/she is not a BVA member. Proof may be a written statement from a certifying VA provider.**

**If known, a BVA member number may serve as proof of blindness:**

**BVA Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail your application and supporting materials to:**

 **Blinded Veterans Association**

 **Attn: Scholarship Committee**

 **PO Box 90770**

 **Washington, DC 20090**

**Applications and all supporting documents must be received at BVA National Headquarters no later than Tuesday, April 30, 2024.**