

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 Applica	ation:		_		
Name:	Last First			Gender:	
	Last	First	Middle		
Permanent Ad	dress:				
		Street and No.	City	State	Zip
Current Addre	ss:				
		Street and No.	City	State	Zip
Permanent		Current			
Telephone: ()	Telephoi	ne: ()		
State in which	you claim	residence:	-		
must be an ac training schoo	credited in a line of the credited in a line	ESS OF INSTITUTION For its institution of higher eduring to include this inform	cation or busin	ess, secreta squalify you	rial or vocational application).
Are you prese	ntly enrolle	ed?If not, when	were you accep	ted for admi	ssion?
Graduate or U	ndergradu	ate:			

Will you be a full-t	time student?							
When do you expe	ect to receive your deg	ree (month and year)?						
PREVIOUS BVA S	CHOLARSHIPS:							
Have you previou	sly received a scholars	ship from BVA?	_					
If so, when (mont	If so, when (month and year) was the scholarship awarded and for which higher institution?							
to the school, of y Neglecting to incl	our tuition, books, and ude this information co	UTION: Itemize the estimated conditional desired conditions of the condition of the desired conditions are still as a second condition of the	oming year.					
		e attended since high school.						
Name of the		Dates of Attendance	Degree Received or					
Institution	Location	20 to 20	Expected					
1	(PERIENCE: (Provide o	employer(s), dates of employme	ent, and type of work)					
Page 2 of 4	NAME O	F APPLICANT:						

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 <u>highly</u> 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.

NAME OF APPLICANT:	
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Name	Relationship First Middle					
Last	First	Middle	•			
Permanent Address o	f Blind or Low V	ision Veteran:				
Number and	Street	City	State	Zip		
Permanent telephone	number of Blind	l or Low Vision Ve	teran:			
()						
Applicants must province and a province of the contract of the	f Veterans Affairs (BRS) as define Jum of Care (inc or low vision ve	s (VA) Veterans He d within Directive luding any future u teran if he/she is n	ealth Administration 1174, Blind and Vi Supdates or revision	on (VHA) Blind sual Impairment ns) for the		
If known, a BVA mem	ber number may	serve as proof of	blindness:			
BVA Member Number	:					
Mail your application	and supporting r	materials to:				
	Attn: PO Bo	ed Veterans Assoc Scholarship Comr ox 90770 ington, DC 20090				
Applications and a				at BVA Nation		
Headquarters no la	ater than Tues	day, April 30, 20	<u>124.</u>			

NAME OF APPLICANT: _____

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