

# Virginia Rehabilitation Association Foundation Scholarship Application Form

Name (Last, Middle, First):

Address:

City, State, Zip:

Phone Number, including area code:

Email Address:

What is the name of the VRA Member Name or Organizational Member Name and designee?

What is your relationship to the VRA Member:  Member  Spouse  Child  Parent

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Name of College:

Street Address of College:

City, State, Zip code of College:

Program of Study:

Are you a full time student?  Yes  No

Are you working toward a degree?  Yes  No

Explain:

Please share your long range career goals and dreams, and how this education will support that goal:

Year of Study:  Freshman  Sophomore  Junior  Senior  Graduate Program

If you have received a VRA Scholarship previously, please attach documentation of your grade point average.

**Narrative:** A significant portion of the overall scoring will be based upon the content and quality of the narrative.

**Please write a statement** about yourself, a minimum of 200 words and maximum of 300 words, that includes what person or event has influence you the most in your life; why you have chosen your field of study, reasons for pursuing college education; what you hope to do once you graduate, and why you believe you should receive a scholarship from the VRA Foundation.

Attach narrative to page 1&2 and mail hardcopy to:

VRA Education Foundation  
c/o Dale Batten  
3029 McManaway Drive  
Midlothian, VA 23112

Questions may be directed to Dale Batten, Chair at [education@vra.org](mailto:education@vra.org)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_