

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

Name of the College:

Street Address of the College:

City, State, Zip code of the College:

Program of Study:

Are you a full time student? Yes No

Are you working toward a degree? Yes No

Explain:

Year of Study:

Freshman

Sophomore

Junior

Senior

Graduate Program

Please share your long-range career goals and dreams. How will this education support the long-range goals and your dream?

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

Narrative: The overall scoring is be determined by the content and quality of the narrative.

Please write a statement about yourself, a minimum of 200 words and maximum of 300 words.

Include in the statement 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.

Include the narrative and the Virginia Rehabilitation Association Foundation Scholarship Application Form and email application package to virginiarehabassociation@gmail.com