

Brachial Plexus Palsy Foundation Scholarship Application

210 Spring Haven Circle - Royersford, Pennsylvania 19468

E-mail: Contact @ BrachialPlexusPalsyFoundation.org



Students must already be accepted into a school/program before applying for a scholarship.

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____ Gender Male Female

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Addresses _____

Brachial Plexus Injury Information

What type of injury do you have? What nerves were affected? _____

Who is/(are) your brachial plexus specialist(s)? _____

What treatments / surgeries have you had? _____

What do you think helped you the most and why? _____

I am applying:

- as a senior in high school
- as a college student already in a program
- for re-training

Term applied for:

- fall spring summer
- Year

School/Program currently attending:

Applying for scholarship for this School/Program:

GPA

Anticipated Graduation Date

Field of Study

Why did you choose this program and this school? What are your career goals?

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Name _____

LETTERS OF REFERENCE: please list the name and phone number of your references and attach the letters to your application.

REFERENCE #1 - Teacher

Name _____

Phone & Best Time To Call _____

Relationship To Applicant _____

REFERENCE #2 - Employer

Name _____

Phone & Best Time To Call _____

Relationship To Applicant _____

REFERENCE #3 - Coach, Mentor, Activity Leader, Community Leader

Name _____

Phone & Best Time To Call _____

Relationship To Applicant _____

EACH LETTER OF REFERENCE SHOULD CONTAIN THE FOLLOWING INFORMATION:

- (1) describe your relationship with the applicant
- (2) describe the applicant's strengths and weaknesses - be specific
- (3) using a rating system of 0= poor to 10=excellent, rate the applicant on participation, work ethic, talent/skill/improvement

I understand that scholarships are given to those who have already been accepted into a school or program. I certify that I have a (medically diagnosed) brachial plexus injury and that the information on this application is factual and complete. Please include a picture of yourself with this application. I give permission to post this picture and my name on the Brachial Plexus Palsy Foundation website.

Applicant's Signature _____ Date _____