

# 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:

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

Year of Study:

- Freshman
- Sophomore J
- Junior
- Senior
- Graduate Program

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

**Narrative:** The overall scoring is 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 influenced 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**

**If you have questions, contact is below.**

**Sent the Application and Narrative to**

**Mark Fletcher**

**[Mfletc1@aol.com](mailto:Mfletc1@aol.com)**

**703-350-1339**