

The Brain Injury Association of Missouri (BIA-MO) is pleased to offer educational scholarships for survivors of brain injury to pursue post-secondary education.

***SSM Health Rehabilitation Network Educational Scholarship***

Corporate scholarship of SSM Health Rehabilitation Network-Select Medical Partnership to assist survivors of brain injury on their road of recovery through encouragement and support for post-secondary education. The SSM Health Rehabilitation Network Scholarship program offers two (2) \$750 post-secondary educational scholarships for survivors of brain injury.

***Jim and Lori Winter Scholarship***

Honors the long-time volunteer leadership of Jim and Lori Winter for strengthening the Brain Injury Association of Missouri. Lori continues her volunteer service as a Support Group Facilitator for two groups. Donations to BIA-MO support the Jim and Lori Winter Scholarship Fund to provide two \$500 scholarships for survivors of brain injury to pursue post-secondary education.

***Griggs Injury Law Educational Scholarship \*\*NEW***

Corporate scholarship of Griggs Injury Law, LLC to assist survivors of brain injury in Western Missouri and Kansas counties of Johnson and Wyandotte. The Griggs Injury Law Educational Scholarships will provide two (2) \$750 scholarships to support post-secondary education.

**BIA-MO Education Scholarship Application Guidelines**

- Applicant completes only one application for submission for both the Jim and Lori Winter Scholarship, Griggs Injury Law Scholarship and the SSM Health Rehabilitation Network Scholarship. All applicants will be considered for each of the scholarships.
- **Supporting Material:**
  - ✓ BIA-MO Scholarship Application Cover Sheet
  - ✓ Application Essay: Up to 500 words by the survivor of brain injury sharing how and when his or her brain injury occurred, challenges that have resulted, and education status, successes and goals. This essay should include the applicant's educational plans and how the BIA-MO Scholarship program will assist in reaching the goals.
  - ✓ Two letters of reference from individuals familiar with applicant's abilities and education/training goals such as a teacher, rehabilitation therapist, counselor, or employer
  - ✓ Acceptance Verification: showing acceptance to participate in education/training program of choice
- **Deadline for Application and Supporting Material is September 15, 2018**
- These scholarships are only eligible to survivors of brain injury who are residents of Missouri for post-secondary education which includes two-year colleges, four-year colleges or universities, and vocational and trade school educational institutions.
- Scholarship funding can only be used for expenses directly related to post-secondary education. Allowable expenses include tuition, room and board, books, required class material such as workbooks, specialized tools, etc. The scholarship payment will be sent directly to the educational institution.
- Awards will be recognized at the BIA-MO Annual Meeting and Awards Luncheon held in conjunction with the Annual Conference Survivor and Family Day on Saturday, October 6, 2018 at the Marriott St. Louis West hotel.



**Jim and Lori Winter Scholarship  
SSM Health Rehabilitation Network Scholarship  
Griggs Injury Law Educational Scholarship**

**BIA-MO SCHOLARSHIP APPLICATION COVER SHEET  
(Deadline September 15 of each year)**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Missouri Resident: Y N

Date of Injury: \_\_\_\_\_ How injury occurred: \_\_\_\_\_

Name of Education/Training Course: \_\_\_\_\_

Address of Education/Training Course: \_\_\_\_\_

Name and Contact information at Educational Program to receive the Scholarship Payment: \_\_\_\_\_

Name of person providing reference	Relationship to Applicant
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Name of person providing reference	Relationship to Applicant
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**\*Disclaimer:** Through submission of the Educational Scholarship, I grant the Brain Injury Association of Missouri permission to use my application narrative, educational institution program, my brain injury details and my name in recognition and promotional material at their sole discretion.

Signature \_\_\_\_\_

Please only use my first name and last name initial for recognition and promotional efforts.  
(Checking this box will not affect consideration of your scholarship application.)

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Please submit the following with this Cover Sheet:

- Up to 500 word personal essay by survivor of brain injury that includes:
  - ✓ Statement about his/her brain injury and the affect it has had on his/her life
  - ✓ Description of goals
  - ✓ Explanation of how the scholarship will assist in achieving goals
  - ✓ Description of current financial needs
- Acceptance Verification from educational program
- Other resources that will be used to meet the costs of the selected educational program
- Letter of Reference from two individuals familiar with educational goals and achievements

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*All applicants, both selected and denied, will receive notification of Award decision.*

**Submit application to: Mail: Brain Injury Association of Missouri, Inc.  
2265 Schuetz Road, Saint Louis, MO 63146-3409  
Fax: 314.426.3290 Email: info@biamo.org Online: www.biamo.org**