



The San Diego Brain Injury Foundation (SDBIF) is pleased to offer scholarship opportunities for individuals surviving brain injuries that are residents of San Diego, Riverside and Imperial Counties. We invite you to apply and look forward to reviewing your packet. This scholarship is awarded to honor and encourage brain injury survivors to continue their education. This scholarship is designed to provide brain injury survivors assistance in continuing their educational progress and inspire them to reach for their dreams. This scholarship is open to graduating high school seniors and adults with acquired brain injuries and is to be used to further their education and/or training at a college or technical school.

**To Apply, please submit the following to the SDBIF:**

1. Completed attached Application Form
2. One letter of recommendation from a teacher or professional knowledgeable of the disability
3. Verification of an Acquired Brain Injury to include traumatic brain injury, stroke, brain infection, brain tumors or anoxic injuries from a doctor or therapist treating your brain injury.
4. Essay—two to three pages, titled “My Brain Injury Can’t Stop Me”
5. Proof of application from one of the following: four-year college or university or technical school or registration form for community college (This is not needed at the time of application but will be needed when awarded the scholarship.)

You will be notified in August if you have been awarded this scholarship. If you win the scholarship, it will be paid upon proof of registration to the above-mentioned institution.

Thank you for your interest.

Sincerely,



# San Diego Brain Injury Foundation Educational Scholarship Application

Name: \_\_\_\_\_

Resident of San Diego/Riverside/Imperial Counties?

YES  NO

(you must be to qualify for the scholarship)

Address: \_\_\_\_\_

\_\_\_\_\_

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

Mobile Phone #: \_\_\_\_\_ Landline #: \_\_\_\_\_

What school are you attending (for high school students): \_\_\_\_\_

Desired School of Attendance: \_\_\_\_\_

## ESSAY QUESTIONS

Why are you the best candidate for this scholarship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of academic accommodations do you plan on using at school? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Please describe your current involvement in the Brain Injury community and/or your plans for future involvement such as joining any Brain Injury related groups, advocating, educating, or raising funds for the Brain Injury community. \_\_\_\_\_

\_\_\_\_\_

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Please attach the remaining required documents specified in the process letter and return them to:

**San Diego Brain Injury Foundation Scholarship Committee**  
**PO Box 84601, San Diego, CA 92138**