

UBPN Academic Scholarship Application

The United Brachial Plexus Network (UBPN) will grant up to two (2), \$500 academic scholarships annually to individuals with a brachial plexus injury entering college, attending a trade school, and/or attending career retraining. One scholarship will be awarded annually to an applicant with an obstetrical “birth-related” brachial plexus injury (OBPI) and one scholarship will be awarded annually to an applicant with a traumatic brachial plexus injury (TBPI) provided there are applicants in both groups.

*Applications will be reviewed by the Scholarship Committee annually, and winners will be notified by August 15th. Scholarship opening and closing dates will be posted each year with the application. All applications must be provided **in full** by the closing date in order to be considered. Incomplete applications will not be reviewed. This is an individual scholarship that may be reapplied for every year.*

Personal Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Please mark the appropriate injury category: OBPI TBPI

Academic Information

College/Trade School: _____

Address: _____

Major/Intended Major : _____

Please read the following & sign to indicate your agreement.

I understand that I am applying for an academic scholarship to offset costs associated with my educational program, retraining, or enrichment courses. The information provided in this application is of my own work and represents my own thoughts. If I am selected to receive a UBPN Academic Scholarship, I am aware that I will need to provide documentation regarding how and where the scholarship money will be used.

I verify that I fulfill the following eligibility requirements:

- I have a medically documented brachial plexus injury and can provide such documentation upon request;
- I am 16 years of age or older;
- I intend to enroll or continue my current enrollment in a post-secondary, enrichment or retraining program.

I understand that my application and all related materials may be shared with the United Brachial Plexus Network's board members as well as with other individuals involved in the selection process. In addition, I understand and agree that my name and photograph can be published on any and all of UBPN's social platforms.

Applicant's Signature _____ Date _____

Print Name _____

Additional Submission Requirements

1. Personal essay addressing the following (600 word maximum):
 - Who you are, your interests and how you got to this point
 - Your personal and educational goals
 - Discuss how college/trade school will help you achieve your goals
 - Discuss how you would use the scholarship, if chosen

2. Essay (400 word maximum)
 - What UBPN means to you
 - Discuss your involvement with the brachial plexus injury (BPI) community
 - Discuss what you hope to do for the BPI community and how you might achieve those plans

3. Letters of recommendation (two letters)
 - Written by teachers, friends, clergy, coaches, etc., not related the the applicant. Discuss the following:
 - How you know the applicant
 - How you have been inspired by the applicant
 - Why you believe the applicant is an appropriate choice for this scholarship