

## **Scholarship Application**

Please complete this application to apply for a scholarship from the Northwest Association for Blind Athletes (NWABA). Scholarships are for individuals, groups or teams wishing to participate in competitions or purchase training equipment. All applications must be received by the 1st of each month to be considered for a scholarship; the board will vote on applications at their next monthly meeting. Applicants may be asked to provide further information before a final decision is made. Applications are encouraged to review the scholarship policy/criteria thoroughly prior to applying.

## Please send signed and completed scholarship application to:

Northwest Association for Blind Athletes PO Box 65265 Vancouver, WA 98665-0009

Name of Individual/Group/Team	
Name of Submitter	
Day Phone	Evening Phone
E-mail Address	
	st? Please attach additional pages, if necessary.
Amount Requesting	Number of Participants
Date funds need to be received	
What other sources of funding have you	u requested? Please list name of organization, date, amount, and
status. Write N/A if you have not reque	ested funds from other sources.



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Will you be contributing personal funds? If so, how much?
How will the funds be spent?
Have you previously received a NWABA scholarship? If so, please describe.
Have you participated in a NWABA sponsored program? If so, please describe.
What are your athletic goals?
How would an NWABA scholarship impact your life?
Why should NWABA award you, your group, or team a scholarship?



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By signing below, I agree that the answers to the questions above are true and accurate to the best of my
knowledge. I also agree that if I don't participate in the competition, or purchase the training equipment listed
on the application, that I will be required to return any scholarship funds to Northwest Association for Blind
Athletes (NWABA) within 45 days.

Signature	Date	