

Personnel Preparation Scholarship Information

<u>Description</u>: A \$500 scholarship, awarded on a yearly basis, for an Ohio resident who is attending college and majoring in a field related to visual impairments. These fields include, but are not limited to, Rehabilitation Counseling, Vision Rehabilitation Therapy, Orientation & Mobility or Education of Students with Visual Impairments. Applicants must be admitted to an undergraduate or graduate program at an accredited college or university. Undergraduate applicants must be of at least a junior standing. All applicants must have a minimum GPA of 3.0 in the major field of study. Applicants must be residents of the State of Ohio, but need not be enrolled in a program within Ohio and be a member in good standing of AER. A student may receive this scholarship only one (1) time.

<u>Selection</u>: Selection is based on the evaluation of the materials submitted for examination by the AERO Scholarship Committee appointed by the AERO Board.

<u>Deadline</u>: September 30 of application year to be awarded at the fall conference.

To Apply: Submit the following information with your completed application form:

- Most recent transcript(s)
- Letter from your institution indicating your admission in good standing into an undergraduate or graduate program in the field of visual impairments.
- Three (3) letters of recommendation, at least one (1) that is not related to your college/university
- A short description of personal volunteer or paid work with individuals who have visual or other disabilities. You may include any activities from high school days until the present time. Experiences may involve such work as a reader, teacher's aide, camp counselor or member of a consumer or professional organization related to the field.
- A short essay (not to exceed 250 words) explaining why you have chosen your specific field as your profession and what you would like to contribute to the field.



Personnel Preparation Scholarship Application

General Information:

Name:Last			
Last	First	(Middle Initial)	
Permanent address:			
Phone: (Day)	(N	(Night)	
Academic Data:			
Institution to which you h	nave been admitted:		
Graduate Level	Undergradu	uate Level:	
Coordinator/Director of p	orogram:		
Office Phone:			
Type of Program:			
Vision Rehabilitation Therapy		Orientation and Mobility	
Rehabilitation Counseling Teacher Education			
Other			
Grade Point Average	;		
Cumulative GPA:	Major GPA	x:	
Anticipated Date of G	Graduation:		