



Aabcor, Inc

Dedicated to Providing Assistance to People with Brain Injury

7702 S. Cass Ave, Suite 115 • Darien, IL 60561 • ph: 630.493.9516 • fax: 630.493.9517 • www.aabcorinc.com

Aabcor, Inc. Brain Injury Survivor Scholarship

Award Criteria

AWARD

Two awards of up to \$1500 for educational purposes will be presented annually.

Each recipient will be awarded \$1500 that will be paid directly to the educational institution which they are or will be enrolled.

ELIGIBILITY

- ✓ Applicant must be medically diagnosed with a brain injury as defined by their physician.
- ✓ Complete attached Application Form.
- ✓ Applicant must include a brain injury diagnosis statement on their physician's letterhead which is signed and dated by their physician.
- ✓ Applicant must provide contact information regarding name of institution and program/course of study in which they are or will be enrolled.

PERSONAL STATEMENT GUIDELINES

Submit a short personal statement that is typed and approximately one page in length. In the personal statement, please explain why you chose your current course of study (program for which you are applying for this scholarship) and how you feel this education will enhance your quality of life.

SUBMISSION

The application with all required items must be submitted together in one envelope by mail to the following address:

Aabcor, Inc
Re: Scholarship Application
7702 S. Cass Avenue, Suite 115
Darien, IL 60561

To download a PDF application,
go to **www.aabcorinc.com**



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DEADLINE FOR APPLICATION

Completed application with all required items in one envelope must be postmarked no later than **Friday, June 15, 2007**. Submissions postmarked after the deadline will not be considered.

NOTIFICATION

Recipients of the scholarships will be selected by **July 1, 2007** and will be notified by phone and by mail shortly thereafter.

Feel free to direct any questions regarding this scholarship application to **info@aabcorinc.com**

To route the email, please address the Subject line as “BI Scholarship”

ABOUT AABCOR, INC.

Aabcor, Inc. is a case management agency offering Home Services Programs designed to help persons of all ages optimize their health and quality of life.

Aabcor's experience case managers are committed to:

- A** Helping you **ADAPT** to Changes
- A** Helping you **ACCESS** Services
- B** Helping you **BENEFIT** from Programs
- C** Helping you with **CHOICES**
- O** Helping you **OVERCOME** Obstacles
- R** Helping you find **RESOURCES**



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AabcOR, Inc. Brain Injury Survivor Scholarship Application

Applicant's Biographical Information

Name _____ **Male** _____ **Female** _____
Last First

Address _____ **IL,** _____
Street City ZIP Code

Telephone # _____ **Email** _____ **DOB** _____
(xxx) xxx-xxxx mm / dd / yyyy

How did you hear about us? _____

Eligibility Criteria

Date of Brain Injury _____ **Injury due to** _____
mm / dd / yyyy MVA, Stroke, Assault, Fall, etc.

Treating Doctor's Name _____

Address _____ **IL,** _____
Street City ZIP Code

Telephone # _____ **Fax #** _____

Rehabilitation Inpatient _____ From _____ to _____
 Outpatient _____ From _____ to _____

Name of Hospital _____

Dates of Hospitalization From _____ to _____

Last Rehabilitation Session _____

Applicant's Academic Information

Name of College/University _____ **City** _____ **ZIP Code** _____

Name of Program Enrolled In _____
Certificate/Diploma/Degree, etc.

Expected Date of Completion _____
mm / dd / yyyy

Program Contact _____ **Telephone #** _____
Name



Application Checklist

No.	Description	Complete
1.	I have completed the application form	<input type="checkbox"/>
2.	I have met the eligibility criteria	<input type="checkbox"/>
3.	I have included my physician's signed note that documents my brain injury	<input type="checkbox"/>
4.	I have completed my personal statement per guidelines	<input type="checkbox"/>

<p>Completed application with all required items in one envelope must be postmarked no later than Friday, June 15, 2007</p>	<p>Mail to: AabcOR, Inc Re: Scholarship Application 7702 S. Cass Avenue, Suite 115 Darien, IL 60561</p>
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Applicant Statement

I hereby confirm that all information provided in my application packet is correct and may be verified and held in strictest confidence by the Scholarship selection committee unless I am selected to receive the scholarship as explained below. I understand that any false information automatically disqualifies me from consideration. Further, I understand that if I am selected as a recipient of the "2007 AabcOR Brain Injury Survivor Scholarship," I agree to attend an event to celebrate my award on Thursday, July 26, 2007 in Darien, Illinois. I also may be asked to discuss my experiences as a Brain Injury Survivor with selected media outlets. If selected as a recipient, I agree to have my name and personal statement placed on the AabcOR website.

Signature of Applicant _____ **Date** _____