



Personnel Preparation Scholarship Application

Description: This is a \$1,000 scholarship awarded on a yearly basis, for an Ohio resident who is attending college and majoring in a field related to Blind Rehabilitation. These fields included, but are not limited to, Rehabilitation Counseling, Rehabilitation Teaching, 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 their major field of study. Applicants must be residents of the State of Ohio, but need not be enrolled in a program within Ohio. A student may receive this scholarship only one (1) time.

Selection: Selection is based on the evaluation of the materials submitted for examination by the AERO Awards Committee appointed by the AERO Board.

Deadline: May 1st of the current year

To Apply: Submit the following information with your completed Application Form to the address below:

- Most recent transcript(s)
- Letter from your institution indicating your admission in good standing into an undergraduate or graduate program in the field of Blind Rehabilitation
- 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 concerned 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.

Submit Applications to:

Jan Jasko
7012 Beresford Avenue
Parma Heights, OH 44130
(440) 888-6236



Personnel Preparation Scholarship Application

A. General Information:

Name: _____
(Last) (First) (MI)

Permanent Address: _____

Phone: (Day) _____ (Evening) _____

Local Address: _____

Phone: (Day) _____ (Evening) _____

B. Academic Data:

Institution to which you have been admitted: _____

Graduate Level _____ Undergraduate _____

Coordinator or Director of your program: _____

Office Phone: _____

C. Type of Program:

_____ Rehabilitation Teaching _____ Orientation & Mobility

_____ Rehabilitation Counseling _____ Teacher Education

_____ Other: _____

D. Grade Point Average:

Cumulative GPA: _____ Major GPA: _____

E. Anticipated Date of Graduation: _____