



## **David H. Newmeyer: Post-Secondary Scholarship Application**

**Description:** Two (2) \$500 scholarships are awarded on a yearly basis to individuals who wish to continue their educational training in academic, vocational or technical training programs at the post-secondary level. Applicants must be Ohio residents diagnosed with a visual impairment. Student already enrolled in post-secondary programs may apply; high school students must present a letter of acceptance to a post-secondary program with their completed application. 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:** September 1<sup>st</sup> of Application Year

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

- Most recent transcript(s)
- Letter of acceptance from your post-secondary institution or a letter indicating you are a current student in good standing
- Two (2) letters of recommendation from someone other than a relative.
- Proof of Visual Impairment – from an Ophthalmologist, Optometrist, Teacher of the Visually Impaired, COMS or Rehabilitation Specialist.
- A list of your work experiences, extra-curricular activities or special interests
- You may include a brief biography telling us more about yourself and how you plan to use the scholarship money to achieve your educational goals.

Applications should be submitted to:

AERO  
118 Graceland Blvd  
Box #176  
Columbus, OH 43214



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**A. General Information:**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Ohio Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Academic Data:**

School Presently Enrolled: \_\_\_\_\_

School Attending for Post-Secondary Education: \_\_\_\_\_

What program are you enrolled or degree are you seeking: \_\_\_\_\_

Major: \_\_\_\_\_

**C. Grade Point Average:**

Cumulative GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_

**D. Anticipated Date of Graduation:** \_\_\_\_\_

**E. Attach a written description of what you anticipate your future plans to be and how you feel this scholarship money will assist you with achieving your goals.**