



## 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:** September 15<sup>th</sup> of Application 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 related to the field.
- A short essay (not to exceed 250 words) explaining why you have chosen your specific field as you profession and what you would like to contribute to the field.

Applications should be submitted to:

AERO  
118 Graceland Blvd  
Box #176  
Columbus, OH 43214



## 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: \_\_\_\_\_