



Multiple Sclerosis Alliance of Virginia

Ken Shafer Memorial Scholarship Application Form

Application Deadline - May 2, 2019

The Ken Shafer Memorial Scholarship was established in memory of Ken Shafer, an educator, a long-time activist and silent sufferer of MS. Ken felt very fortunate that he was able to have a career as an English teacher for 34 years despite having MS. Upon retiring he became extremely active in the MS Society, led a support group in Smith Mountain Lake, and was a Board Member and Vice President for the MS Alliance of Virginia. Ken traveled often to Washington D.C. and Richmond, Virginia seeking the adoption of both state and federal legislation to provide services to those affected with MS as well addressing the high costs of health care and prescription medication. He felt it was his duty to not only speak for himself, but to represent the thousands also affected by MS, who were not able to tell their stories. It was the MS Support Groups that he loved most where he could meet new people diagnosed with MS and offer hope and encouragement. Ken will be long remembered for his many contributions in heightening awareness and furthering education of this currently incurable disease.

Eligibility:

Applicants will be judged on their essay submission combined with their community involvement. Academic standing, personal achievement, and letters of recommendation will be considered as well.

Award Announcement:

The winner will be notified by May 15, 2019 and the award will be announced at the Ken Shafer Bowl-a-thon being held on May 18th at the Vinton Bowling Center in Vinton, VA.

All correspondence and award agreements will be generated from the personal information submitted below. Please use proper spelling, capitalization and punctuation.

I. Personal Information:

(all required)

Full Name *

First Name Last Name

Birthdate: *



Month Day Year

Home Address: *

Street Address

Apartment/Unit #

City State

Zip Code

Mobile No.: *

Area Code Phone Number

E-mail where confirmation will be sent: *

ex: myname@example.com

II. High School Information:

Your High School: *


Choose the High School you are currently attending.

Degree: *

What degree are graduating high school with?

Current GPA: *

Expected Graduation Date: *

Month Day Year

Has your admission application been submitted? *

Yes

No

School Accepted/Applied To:

If not accepted, top applied choice.

Intended Field of Study:

Accepting this award obligates you to attend a college, community college, university or technical school in any field of study in the fall semester 2019. Any local high school students graduating in time to attend by the fall semester are eligible for consideration for this \$1000 scholarship to be used towards tuition assistance.

III. References

List one academic reference (faculty/counselor) and one personal reference (non family).

Academic Reference:

First Name Last Name

Title:

Phone Number:

Area Code Phone Number

Email:

example@example.com

Personal Reference:

First Name Last Name

Relationship:

Phone Number:

Area Code Phone Number

Email:

example@example.com

IV. Essay

Your essay should be 300-500 words and answer the following question:

"How do you think having Multiple Sclerosis would affect a person's college experience?"



0/500

V. Application Checklist:

Indicate if additional documentation is arriving online or by mail. Any documents mailed must be in office on May 2nd by 5:00 pm to meet deadline.

Application Submitted: *

Online

Mailed

Academic Letter of Recommendation: *

Emailed to msav4hope@gmail.com

Mailed

Personal Reference Letter: *

Emailed to msav4hope@gmail.com

Mailed

Unofficial Transcript: *

Emailed to msav4hope@gmail.com

Mailed

Essay: *

Uploaded with Online Application

Emailed to msav4hope@gmail.com

Mailed

VI. Applicant's E-Signature

By signing (typing your legal name) in the space below, you are certifying that all information is correct and that you are the person completing this application. When you press the submit button, you will receive an email confirmation that your application was received. Please print for your records and retain as verification of your application.

E-Signature: *

[Submit](#)

The MS Alliance of Virginia is committed to equal opportunity and does not discriminate in any program or activity on the basis of race, color, religion, gender, age, national origin, disability, marital status, or any other protected class.