



**Pennsylvania - Delaware Chapter**  
**Association for Education and Rehabilitation of**  
**the Blind and Visually Impaired**

## **Penn-Del AER Student Scholarship Application Cover Page**

### **Directions**

- Complete this Application Cover Page.
- To be considered for the Student Scholarship Award, submit the completed Application Cover Page along with the following items:
  - Transcript(s)
  - Letters of Recommendation (2)
  - Essay
  - Proof of AER Membership
- Submit completed application via snail mail or email to Awards Chairperson by application deadline.

### **Student Information**

Name:

Street Address:

City, State, Zip Code:

Phone:

Email:

University Affiliation:

Anticipated Graduation Date:

AER Membership Number:

### **Accredited University Program (Check all that apply)**

Low Vision Therapy  
Orientation and Mobility  
Rehabilitation Counseling

Teacher of Students with Visual  
Impairments  
Vision Rehabilitation Therapy