



Enhancing Neurological Recovery Through Vision Rehabilitation

STUDENT/RESIDENT GRANT APPLICATION

2018 GENERAL CONFERENCE
September 20-23, 2018

Save this PDF document and send your application to NORAAwards@gmail.com by August 1, 2018.

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| <p>_____ Name</p> <p>_____ School or Residency Program</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>() - _____ Phone number</p> <p>() - _____ Cell Phone number (if different from above)</p> <p>_____ Email address</p> | <p>Have you attended a NORA meeting in the past? <input type="checkbox"/> <input type="checkbox"/> Yes No</p> <p>Will you be able to attend the entire NORA meeting from Thursday through Sunday? <input type="checkbox"/> <input type="checkbox"/> Yes No</p> <p><i>(Note: If you are unable to attend the full meeting you cannot be considered for the grant program. You can choose to attend the meeting outside of the grant program.)</i></p> <div style="background-color: #e0f0ff; padding: 10px; margin-top: 10px;"> <p>Please provide an essay about your experience and interest in neuro-rehabilitation and/or rehabilitative vision care. This essay should be 1-3 pages in length and should NOT be a research paper or listing of your course work. If you need additional space then what's provided, please add it to this document.</p> </div> |
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APPLICATION ESSAY

APPLICATION ESSAY *Continued*

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APPLICATION ESSAY *Continued*

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