

# 2009 FCB SCHOLARSHIP APPLICATION

(Please print out and complete the following application)

Please indicate which award you are applying for:

( \_\_\_ ) \$2,000.00 Academic and Leadership Excellence

( \_\_\_ ) \$1,500.00 Career Enhancement

( \_\_\_ ) \$750.00 Part-time Student

## I. PERSONAL DATA:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Summer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Evening: (\_\_\_) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## II. VISUAL STATUS:

Check all the methods you use for reading:  
(  ) Braille (  ) Recordings (  ) Large Print  
(  ) Regular Print (  ) Live Reader

### III. EDUCATIONAL BACKGROUND:

A) Name and address of school in which you are currently enrolled or last attended:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Grade point average (based on 4.0 scale): \_\_\_\_\_

Major: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Degree/Certificate sought: \_\_\_\_\_

Date degree expected: \_\_\_\_\_

B) School you plan to attend in the fall (if different from above)

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Major: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Degree/Certificate sought: \_\_\_\_\_

Date degree expected: \_\_\_\_\_

C) List any secondary or post-secondary schools which you have attended:

Name of School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Grade point average (based on 4.0 scale): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of School: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Grade point average (based on 4.0 scale): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

#### IV. WORK EXPERIENCE

Please attach a list of any full-time or part-time work experience you may have. Indicate whether this is summer employment or during the school year.

#### V. EXTRACURRICULAR AND LEADERSHIP ACTIVITIES

Please attach a list of any major outside activities (school, church, community, e.g., sports, organizations, recreation, etc.). Indicate extent to which you have played a leadership role.

Applications MUST include a SEALED official transcript and be postmarked no later than March 31, 2009. Please mail this application, along with any attached paperwork EXCEPT for the CERTIFICATION OF VISUAL STATUS to the following address:

Florida Council of the Blind  
c/o Barbara Grill  
2030 Preymore Street  
Osprey, FL 34229  
941-966-7056  
[grillbh@comcast.net](mailto:grillbh@comcast.net)

## VI. CERTIFICATION OF VISUAL STATUS

Must be completed by an ophthalmologist, optometrist, physician, agency executive serving the blind or other competent authority.

THE ENTITY COMPLETING AND SIGNING MUST MAIL THIS FORM DIRECTLY TO THE FLORIDA COUNCIL OF THE BLIND

This is to certify that \_\_\_\_\_ is known to me and is legally blind. The entity certifying the applicant's vision status MUST COMPLETE ALL FIELDS and mail this form in a separate envelope to the address below.

Cause of Visual Impairment: \_\_\_\_\_

Visual Acuity: Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the CERTIFICATION OF VISUAL STATUS to:  
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c/o Barbara Grill  
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Osprey, FL 34229  
(941) 966-7056