

FLORIDA COUNCIL OF THE BLIND SCHOLARSHIP APPLICATION

The Florida Council of the Blind scholarships consist of awards totaling \$4,500.00, which are offered to outstanding students who are enrolled in academic education or professional training beyond the high school level. There are two \$1,500.00 awards for academic excellence; a \$1,000.00 award available to an eligible applicant who is enrolled in a course of study which will increase advancement potential in his/her chosen field; and a \$500.00 scholarship to be awarded to an eligible applicant who is enrolled in a college or university as a part-time student.

ELIGIBILITY REQUIREMENTS:

1. Applicant must be legally blind. That is, the applicant must have vision in the better eye of no more than 20/200 with corrective lenses or may have vision greater than 20/200 in the better eye but with a restricted field of vision of no more than 20 degrees
2. Applicant must be a resident of the State of Florida.
3. Applicant must have a high school diploma or a high school equivalency diploma. (High school students who are graduating this term may also apply)
4. Applicant must be enrolled in an accredited college or university or be accepted for enrollment
5. Applicant must be seeking a college degree
6. Applicant must have at least a 3.0 grade point average
7. Applicants who are full-time must carry at least 12 credit hours per semester/quarter to be eligible for the \$1,500.00 award. Those who are part-time must carry a minimum of 6 credit hours per semester/quarter to be eligible for the \$500.00 award

SUPPORTING DOCUMENTS WHICH MUST ACCOMPANY THIS APPLICATION

1. A narrative statement regarding vocational objectives and outlook for employment in your chosen field. Please include any awards or scholarships you have received or that are pending. Part-time

students must include an explanation for part-time status, (e.g., employed student, family responsibilities, etc.)

2. Two letters of recommendation
3. Official transcript from school currently or most recently attended

Application must be postmarked no later than March 31st.

Please forward application package to:

Florida Council of the Blind

c/o Nancy Folsom

6500 Montrose Trail

Tallahassee, FL 32309

For more information about our scholarship program you may contact co-chairs Barbara Grill via email at grillbh@comcast.net or Nancy Folsom at nfolsom@comcast.net

All applications will be reviewed by the Education and Leadership Committee and the recipients of these awards will be notified prior to our State Convention each year.

FLORIDA COUNCIL OF THE BLIND

SCHOLARSHIP APPLICATION

Please indicate which award you are applying for:

- \$1,500.00 Academic Excellence
- \$1,000.00 Career Enhancement
- \$500.00 Part-time Student

I. PERSONAL DATA:

Name: _____

Address: _____

City/State/Zip: _____

SS # _____

Summer address: (if different from above: _____

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: _____

Cumulative grade point average (based on 4.0 scale): _____

Major: _____ No. 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: _____ No. of hours: _____

Degree/Certificate sought: _____

Date degree expected: _____

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

Attended: _____

Address: _____

City/State/Zip: _____

Cumulative grade point average (based on 4.0 scale): _____

Dates attended: From: _____ *To:* _____

Name of school: _____

City/State/Zip: _____

Cumulative 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 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

VI. CERTIFICATION OF VISUAL STATUS

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

This is to certify that the person named on this scholarship application is known to me and is legally blind.

Cause of visual impairment: _____

Visual Acuity: Right eye: _____ *Left eye:* _____

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Signature: _____ *Date:* _____