**SCHOLARSHIP APPLICATION**

•• PERSONAL DATA

Name:

Address:

City: State:

Zip Code:

Telephone Number: Day:

Evening:

E-mail:

Male/female:

Date of Birth:

Class level for upcoming fall term: Cumulative Grade Point Average:

Major Field of study:

Will you be a full-time or part-time student? H. VISUAL STATUS

Please note: Legal blindness is defined as an individual who has a visual acuity of 20/200 or less in the corrected eye and/or 20 degrees or less visual field in the uncorrected eye.

Certification of Legal blindness must be attached. Cause of visual impairment:

III. Reading and Assistive Technology Information

Check all of the assistive devices you use:

* Optical Character Scanner:
* Closed Circuit T.V.:
* Computer screen enlarger program: El Other low vision aids (specify)
* Electronic Braille device:
* Other methods such as Braille

IV. EDUCATIONAL BACKGROUND

1. (Entering Freshmen only)

High school currently attending: City: State:
Cumulative GPA (based on 4.0 scale):

1. College or vocational school currently attending: City: State:
Full time or part time:

Cumulative GPA (based on 4.0 scale): Date degree is expected:

Major(s) and Degree seeking (BS, MA, etc):

V. TEST RECORD INFORMATION

ACT Date tested:

Composite Score:

SAT Date tested:

Composite Score:

VI. WORK EXPERIENCE

In the space provided, list any full-time or part-time work experience. Indicate whether this was summer employment or during the school year.

1. EXTRACURRICULAR ACTIVITIES

in the space below list your extracurricular activities (school, religious, community, sports, organizations of the blind, recreation, etc.).

1. Autobiographical sketch:

Tell us in 250 words or less about your personal goals, strengths, weaknesses, hobbies, honors, achievements, etc.

Be sure to list the field or courses of study you are pursuing and explain why you have chosen it.

Please note: In some instances, scholarship awards may be considered taxable income by the Internal Revenue Service.