

2010 FCB SCHOLARSHIP APPLICATION

(Please print out and complete the following application)

Please indicate which award you are applying for:

- (___) \$2,500.00 Gayle M. Krause-Edwards Scholarship
- (___) \$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: (___) _____

E-mail Address _____

Male: _____ Female: _____

Date of Birth: _____

II. 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: _____

III. 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.

IV. 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 15, 2010. 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 or grillbh@comcast.net

V. 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: _____

Visual Field (if applicable): _____

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone number: _____

Signature: _____ Date: _____

Mail the CERTIFICATION OF VISUAL STATUS to:
Florida Council of the Blind, Inc. by March 15, 2010.
c/o Barbara Grill
2030 Preymore Street
Osprey, FL 34229
(941) 966-7056