2010 FCCLV SCHOLARSHIP APPLICATION

(Please print out and complete the following application.)

I. PERSONAL DATA:

Name: ______________________________________

Address: _____________________________________

City/State/Zip: ________________________________

Summer address: (if different from above)

Address: _____________________________________

City/State/Zip: ________________________________

Daytime Phone: (_____) ________________________

Evening Phone: (_____) _________________________

E-mail Address: _______________________________

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: ____

No. of hours: ____________

Degree/Certificate sought: ________________________

Date degree expected: _____________________

B) School you plan to attend (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: ________________________________

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 ACTIVITIES:

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

VI. CERTIFICATION OF VISUAL STATUS

To be completed by a physician or agency executive serving people with low or no vision.

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: ___________________________________

Telephone number: _______________________________

Signature: ______________________________________

Date: ____________

Please forward application (including sealed official transcript) postmarked NO later than March 15, 2010 to:

Florida Council of Citizens with Low Vision
Barbara H. Grill
2030 Preymore Street
Osprey, FL 34229

If you have any questions, contact Barbara at
(941) 966-7056 or grillbh@comcast.net