**SCHOLARSHIP APPLICATION**

**Dallas Area Council of the Blind**

**A chapter of the American Council of the Blind of Texas**

**Preferred submission is electronic copy to: allen2chris@gmail.com**

**Paper copy may be sent to:**

**Dallas Area Council of the Blind**

 **Attention Scholarship Committee**

**5931 Greenville Ave., #428**

**Dallas TX 75206**

**I. PERSONAL DATA**

**Name:**

**Address:**

**City: State: ZIP Code:**

**Telephone Numbers --Day: Evening:**

 **Others (Type):**

**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?**

**II. VISUAL STATUS**

**Please note: Legal blindness is defined as an individual who has a visual acuity of 20/200 or less in the corrected eyes and/or 20 degrees or less visual field in the corrected eyes. Certification of legal blindness must be provided.**

**In your words, describe the level of and give the cause of your visual impairment:**

**III. READING AND ASSISTIVE TECHNOLOGY INFORMATION**

**List all of the assistive devices you use:**

**Optical Character Scanner:**

**Closed Circuit TV:**

**Computer screen enlarger program:**

**Screen reading software:**

**Other assistive devices (specify):**

**Electronic Braille device:**

**Other methods such as paper Braille:**

**IV. EDUCATIONAL BACKGROUND**

**A. (Entering Freshmen: upperclass man: graduate student)**

**High school currently attending:**

**City: State:**

**Cumulative GPA (based on 4.0 scale):**

**Intended college or vocational school (confirmation required):**

**B. 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 (B.S., M.A., Ph.D. etc.):**

**V. WORK EXPERIENCE**

**List any full-time or part-time work experience. Indicate whether this was summer employment or during the school year. (add or expand page if needed)**

**VI. EXTRACURRICULAR ACTIVITIES**

**A. Are you a member of the American Council of the Blind? (Not required)**

**B. List your extracurricular activities (school, religious, community, sports, organizations of the blind, recreation, etc.) (add or expand page if needed)**

**VII. 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 your choice. (add or expand page)**

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