



**NFB**

National Federation  
of the Blind

**National Federation of the Blind**  
**SCHOLARSHIP PROGRAM 2010 APPLICATION FORM**  
*Print Edition*

**Deadline:** This form and all other required documentation must be postmarked by March 31, 2010. Mail to: NFB Scholarship Program, 200 East Wells Street, Baltimore, MD 21230. Questions? Call (410) 659-9314 (8 a.m.– 5 p.m. weekdays) or e-mail: [scholarships@nfb.org](mailto:scholarships@nfb.org). Web site: [www.nfb.org/scholarships](http://www.nfb.org/scholarships).

**Required fields are indicated by an asterisk (\*).**

**Eligibility:** Students must meet these criteria to be eligible. Please initial.

1. \_\_\_\_\* I confirm that I am legally blind in both eyes.
2. \_\_\_\_\* I live in the United States (includes Washington, DC, and Puerto Rico).
3. \_\_\_\_\* I will be attending a college in the United States in the fall of 2010.
4. \_\_\_\_\* If chosen for a scholarship, I will attend the full week of the NFB annual convention, July 3-8, 2010.

**5. \*Name:**

a. First name\*-- Middle name(s) -- Last name\*:

b. If it is different than your formal name, what do you prefer to be called?:

I prefer: \_\_\_\_\_

**6. \*Have you won an NFB scholarship on the national level before?**

\_\_\_ Yes (Year: \_\_\_\_\_) or \_\_\_ No.

**7. \*Home address:** The NFB Scholarship Program is restricted to residents of the 50 states of the United States of America, the District of Columbia, and Puerto Rico.

\*Address: \_\_\_\_\_

Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

**8. \*Primary telephone:** (\_\_\_\_\_) \_\_\_\_\_

**9. Secondary telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Extension:** \_\_\_\_\_

**10. E-mail:** \_\_\_\_\_

**11. \*Date of Birth (MM/DD/YYYY):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**12. \*What school do you currently attend?**

\*Name: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

Current school phone: (\_\_\_\_\_) \_\_\_\_\_

\*What is your current GPA?: \_\_\_\_\_

- 13. Required for high school students only—college admission composite test score(s).** Attach photocopies of all score reports.

ACT \_\_\_\_\_ SAT \_\_\_\_\_

Other: \_\_\_\_\_

- 14. \*What college will you attend in 2010-2011?** (If undecided at present, send the school's name, city, and state to us before March 31, 2010.)

14 a. Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_, or,

**14 b. Undecided?** List name, city, state for colleges under consideration:

\_\_\_\_\_

- 15. \*Classification in fall semester 2010:** \_\_\_\_\_  
(freshman, sophomore, etc.)

- 16. \*What degree(s) are you pursuing? Majors?:**

- 17. \*What profession or field of employment do you wish to enter with your college degree?:**

- 18. \*Anticipated year of college graduation:** \_\_\_\_\_

- 19. List any other postsecondary institutions you have attended:**

19a. Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

19b. Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

19c. Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

- 20. \*The Essay:** (Mail your essay with this form.)

What does the scholarship committee need to know about you in 1,000 words or less? The committee members will be especially interested in these points: your most notable qualities, your attitude about blindness, and examples of your demonstrated leadership ability.

Your essay is limited to no more than 1,000 words (approximately two print pages, 6,000 characters). Well-done short essays are admired.

- 21. \*Certification Statement:**

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_