**NATIONAL FEDERATION OF THE BLIND (NFB)**

**2017 SCHOLARSHIP PROGRAM APPLICATION FORM (Print Edition)**

**Submission deadline: midnight (E.S.T.), March 31, 2017**

(If possible, please complete the online version of this application form at www.nfb.org/scholarships, even if you do not use the upload feature.)

**Date Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I prefer to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ELIGIBILITY: *Students must meet all four criteria* *below to be eligible*; check each item to confirm.**

\_\_\_\_ I am legally blind in both eyes.

\_\_\_\_ I live in the United States or Puerto Rico.

\_\_\_\_ I will be attending a college in the United States or Puerto Rico.

\_\_\_\_ If chosen, I will attend the full week of the NFB convention in July 2017

**Have you won a national-level NFB scholarship before? \_\_\_\_ NO \_\_\_\_ YES \_\_\_\_\_\_ YEAR**

**HOME ADDRESS**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT NUMBERS:** One phone number is required; additional numbers are appreciated. Please specify if numbers are cell or home or other.

Primary \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_

Alternate \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION: What school do you currently attend? Write NA if not applicable.**

Name of current school or college ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Current GPA \_\_\_\_\_\_\_\_

Is this an online school? \_\_\_\_\_\_\_ Traditional school? \_\_\_\_\_\_\_

Application Form – Print Edition, page 2 **Your name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL SENIORS ONLY: If available, send copies of all score reports.**

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

**FALL SEMESTER: Which college will you attend in the fall of 2017?**

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_

Is this an online school? \_\_\_\_\_\_\_\_ Traditional school? \_\_\_\_\_\_\_

**Or, if undecided at present, list those under consideration with name, city, and state, and inform us of the school you choose before the March 31, 2017 deadline. Under consideration are:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classification** in fall semester 2017 (freshman, sophomore, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major(s**) you are pursuing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree(s)** you are pursuing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Profession or field** **of employment** you wish to enter with your college degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated year of college graduation**: \_\_\_\_\_\_\_\_\_\_\_

**List any other postsecondary institutions you have attended (please signify if former college was an online school or a traditional school):**

Name of former college 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of former college 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about the NFB scholarship program?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upload, email, or mail one application form with all required scholarship documents to:**

Scholarship Program

National Federation of the Blind

200 East Wells Street

Baltimore, MD 21230

Office: (410) 659-9314, ext. 2415; Email: [scholarships@nfb.org](mailto:scholarships@nfb.org); Website: [www.nfb.org/scholarships](http://www.nfb.org/scholarships)

The chairperson of the NFB Scholarship Committee is Patti Gregory Chang, Esq.