California Council of the Blind

Scholarship Application 2021-2022

INSTRUCTIONS

Previous applicants please note: You must apply with all information and documentation whether or not you received an award. No previously submitted files will be accessed by the Committee.

Because we may be considering you for an interview, it is essential that you provide the most current and accurate contact information. If this information changes, please notify us immediately at ccbscholarships@gmail.com.

You must complete and submit your application online by Thursday July 15,

2021. All additional documentation must be received via email to ccbscholarships@gmail.com no later than Thursday Thursday July 15, 2021. The documentation must include the application, letters of recommendation, a letter documenting your diagnosis of legal blindness and a personal statement that is included in this application. The letter with the diagnosis of legal blindness must contain your diagnosis, prognosis and your visual acuity in both eyes. The letter must be from a medical professional or from a rehabilitation counselor. When filling in the application you should complete all items unless they are tagged as “if applicable” then you should fill in as needed.

Section 1 - Contact Information:

1. Application date:
2. Applicant’s full name:
3. Designated Contact Person if Under the Age of 18:
4. Date of Birth:
5. Gender:
6. Race or Ethnic Identity:
7. Permanent California Residence Address Line 1:
8. Address Line (if applicable):
9. City:
10. State:
11. Zip:
12. Student School E-mail Address:
13. Preferred Contact E-mail Address:
14. Mobile phone:
15. Other phone:
16. Are you currently employed, if yes job title?
17. How many hours per week?
18. Summer 2021 Address Line 1:
19. Address Line 2:(If different from above):
20. City:
21. State:
22. Zip:

School attending in Fall 2021:

1. Name:
2. Address Line 1:
3. Address Line 2 (if applicable):
4. City:
5. State:
6. Zip:
7. School’s main phone number:
8. School’s Website:

Section 2 - Educational Status

1. What is your major(s) and or minor(s)? If none state “undeclared”
2. Number of units enrolled for spring 2021 (Quarter/Semester)?
3. Number of units enrolled for summer 2021 (Quarter/Semester)?
4. Projected number of units for fall 2021 (Quarter/Semester)?
5. Projected month and year of graduation?
6. Prior degrees, if any?

List all vocational schools/colleges/universities you have attended, including dates attended, quarter (Q) or semester (S) units received from each and cumulative grade point average from each school?

1. School name (if applicable):
2. Begin date:
3. End date:
4. Class Standing:
5. Units completed (quarter/semester):
6. Cumulative GPA:
7. School name:
8. Begin date:
9. End date:
10. Units completed (Quarter/Semester):
11. Cumulative GPA:
12. School name:
13. Begin date:
14. End date:
15. Units completed:

22. Cumulative GPA:

23. Total number of units completed (Quarter/Semester) from all postsecondary institutions:

24. Cumulative GPA from all post-secondary institutions:

Freshmen applicants, please provide the name of the high school you will graduate from, include address, phone and cumulative Grade Point Average (GPA).

25. School name:

26. Address Line 1:

27. Address Line 2 (if applicable):

1. City:
2. State:
3. Zip:
4. School main phone:
5. Estimated High School GPA:

Section 3: Additional General Information

1. Are you currently a client of the Department of Rehabilitation?
2. Do you authorize us to contact your Rehabilitation Counselor?

(Your answer will not affect the eligibility of your application. We will not contact your Rehabilitation Counselor without your authorization.)

1. Name of Counselor:
2. Counselor’s phone:
3. Are you a member of the California Council of the Blind? If so, please provide the chapter or affiliate name:

Section 4 - Personal Statement

Instructions: Please prepare a statement that tells the committee about yourself. We want to know about your major, career goals and aspirations. It is important that you be specific and detailed. This is a chance for you to give us an idea of who you are and what you want to do in life. If you are not sure about a long-term goal. talk about the benefits of college for you. Again, be specific and detailed. Write up to 750 words. If you are not sure about these instructions please feel free to contact us for more clarification use ccbscholars@gmail.com. Once you have completed your personal statement send it with your application to ccbscholarships@gmail.com.

Section 5 - Declaration:

By submitting this application, I hereby declare that I am legally blind, a resident of the state of California, and that all information provided herein is true and correct to the best of my knowledge.

I agree - Yes NO

Name:

Date: