California COUNCIL OF THE BLIND

1303 “J” Street, Suite 400

Sacramento, CA 95814-2900

Phone: (800) 221-6359 or (916) 441-2100

**Email: ccotb@ccbnet.org**

**SCHOLARSHIP APPLICATION**

**For School Year 2017-2018**

**INSTRUCTIONS**

**Previous applicants please note: You must apply anew with all information and documentation whether or not you received an award. No previously developed 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 correct contact information. If this information changes please notify the CCB office listed at the top of this application.**

**Note that each requested item ends with an asterisk/star. please type response by spacing once to the right of this symbol. Indicate “n/a” rather than leaving item blank if it is not applicable. Do not modify or remove any part of this form.**

**You must submit your application by E-mail no later than end of business on Monday, May 15, 2017.**

**Basic Information**

**Application date: \***

**Applicant’s full name: \***

**Age: \***

**Gender: \***

**Permanent California residence address:**

**Street and number: \***

**City/State/Zip: \***

**Mobile phone: \***

**Other phone: \***

**Summer 2017 address**

**Address Line 1: \***

**Address Line 2: \***

**City/State/Zip: \***

**Personal E-mail address: \***

**Student School E-mail address: \***

**School attending in fall 2017:**

**Name: \***

**Address Line 1: \***

**Address Line 2: \***

**City/State/Zip: \***

**School main phone number: \***

**Educational Status**

**State your major and prior degrees: \***

**Freshmen applicants please provide name of high school currently attending, address, phone and grade point average.**

**School name: \***

Address Line 1**: \***

**Address Line 2: \***

**City/State/Zip: \***

**School main phone: \***

**Cumulative grade point average: \***

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

**School name: \***

**Date from and to: \***

**Units completed (Q/S): \***

**GPA: \***

**School name: \***

**Date from and to: \***

**Units completed (Q/S): \***

**GPA: \***

**School name: \***

**Date from and to: \***

**Units completed (Q/S): \***

**GPA: \***

**If additional space is required, list entries on separate page.**

**Total number of units completed (Q/S from all postsecondary institutions: \***

**Cumulative grade point average: \***

**Total number of units carrying current spring 2017 (Q/S): \***

**Total number of units carrying summer 2017 (Q/S): \***

**Total number of units carrying fall 2017 (Q/S): \***

**Expected date and year of graduation: \***

**Additional General Information**

**Are you a participant of the Department of**

**Rehabilitation? \***

**Name of Counselor: \***

**Counselor’s phone: \***

**Your answer will not affect the eligibility of your application and, by law, unless you provide a release, we may not contact your rehabilitation Counselor.)**

if you are a member of the California Council of the Blind, please provide a current letter of recommendation from the President of your Chapter or Affiliate. If you are not a member but you know a member, we would appreciate a current letter of recommendation from that person.

**Documentation**

**Required:**

**In order to fully expedite your application, please have official transcripts forwarded directly from issuing institutions to the CCB Executive Offices as soon as transcripts become available and no later than July 10, 2017.**

**Please provide a doctor’s statement or a statement from a qualified professional declaring that you are legally blind with cause of blindness.**

You may provide two letters of recommendation from instructors, counselors, employers or others who can speak to your qualifications.

**Following the Declaration, please provide a 500-word, personal statement giving your purpose in undertaking college work and your vocational goals. You may also mention your interests and avocations. \***

**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.**

**Name: \***

Date: \*

Personal Statement:

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