



NATIONAL FEDERATION OF THE BLIND

Live the life you want.

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? _____

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; Website: www.nfb.org/scholarships

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

National Federation of the Blind