

MTCB Scholarship Application

Sponsored By:



**Mid - Tennessee
Council
of the Blind**

Nashville, Tennessee

Deadline for Submitting Materials Is June 15, 2009

This Is For a \$1000.00 Scholarship



3201 Aspen Grove Dr., M10 * Franklin, TN 37067 * Telephone: (615) 227.1941 * (615) 771.2586

ELIGABILITY CRITERIA FOR SCHOLARSHIP APPLICATION

APPLICANT MUST:

Be a resident of Tennessee,

- be legally blind/vision impaired according to standard definition (documentation from physician required),
- have completed at least one semester of college or vocational instruction at a state approved school in Tennessee,
- have at least two semesters of education to complete,
- have a 2.5 GPA based 4.0 scale (proof of grades required).

I. PERSONAL DATA

Name: _____ Phone: Day: _____

Address: _____ Evening: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Date of Birth: _____ Sex: Male _____ Female _____

Summer Address, if different from above:

Address: _____

City: _____ State: _____ Zip: _____



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II. EDUCATIONAL BACKGROUND

School in which you are presently enrolled: _____

Cumulative grade point average (based on 4.0 scale): _____

Major: _____ Degree/ Certificate sought: _____

Full-time _____ Part-time _____ Number of hour's completed: _____

If part time, please explain: _____

Why did you choose this field of study and how do you plan to use it? _____

School in which you plan to attend in the fall, if different from above. (provide proof of acceptance).

School: _____ City/State: _____

III. WORK EXPERIENCE

List any full or part time work experience you have: _____

IV. EXTRA CURRICULAR ACTIVITIES

List major activities (school, church, community) and include extent to which you have been involved. _____



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V. CERTIFICATION OF VISUAL STATUS

(To be completed by an ophthalmologists, optometrist, physician, and agency executive serving the blind or other competent authority).

This is to certify that the person named on this scholarship application is known to me and is legally blind or vision impaired, in that he/she has a visual acuity 0r 20/200 0r less in the better corrected eye and/or 20 degrees or less visual field.

Name: _____ Date: _____

Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Application should be postmarked by June 15, 2009

Please return all pages to:

Betty Smith
Scholarship Committee
Mid-Tennessee Council of the Blind (MTCB)
2343 Rocky Fork Road
Nolensville, Tn. 37135
615-776-2326