**Iowa Council of the United Blind**

**Scholarship Application Form**

2025

The Iowa Council of the United Blind (ICUB) is a consumer-run organization dedicated to improving the equality, opportunity, and independence of blind Iowans.  Through education, advocacy, and a firm belief in the potential and abilities of people with vision loss, we help each other become fully participating members of our families, communities, and workplaces.

We congratulate you on the forthcoming completion of your high school career and appreciate your interest in our scholarship. Please complete this application form and submit it with the additional required materials electronically to [president@icublind.org](file:///C:\Users\ICUB%20Secretary\Dropbox\PC\Downloads\president@icublind.org). If necessary, hardcopy materials may be submitted by U.S. mail to. Liz Soenen, Secretary, Iowa Council of the United Blind*,* 304 W. Cedar Street, Goldfield, Iowa 50542

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Applications must be received by the President no later than April 15, 2025. Any questions about the application process should be sent to [president@icublind.org](mailto:president@icublind.org).

**Applicant Contact Information**

* Name:
* Home Address:
* Home or cell phone number:
* Email address:
* Name of parents or guardians:
* Email address of parents or guardians:

**High School Information**

* Name of high school in which currently enrolled:
* School office phone number:
* School email address:
* Submit or have your high school submit an official transcript.

List below or otherwise describe any extracurricular high school organizations and activities in which you have participated.

List below or otherwise describe any non-school related community organizations, activities, or jobs in which you have been engaged in recent years.

**Post-secondary School Information**

By what post-secondary schools have you been accepted thus far?

Provide verification of acceptance by the school you plan to attend.

What major or majors are you considering at present?

Have you received any other scholarships? If so, please identify them.

Attach an essay of approximately 650 words discussing briefly your educational and/or career goals and explaining why you should be considered for this scholarship.

Documentation of blindness: Be sure to include in your application packet written verification of blindness or legal blindness from a qualified medical professional such as an ophthalmologist, optometrist, physician, physician’s assistant, or nurse practitioner. This is a requirement for ICUB scholarship eligibility.

**Letters of Reference**

Your application should be supported by letters from three individuals, excluding family members, who are sufficiently knowledgeable to address your academic abilities or other characteristics or experiences relevant to probable future success. At least one letter should be provided by a teacher or school counselor. Please list below the names, contact information, and indication of the nature of your relationship (teacher, coach, employer, religious leader, etc.) to the referee. Those writing letters should submit them, preferably electronically, but by mail if necessary, directly to one of the addresses above. Letters should be received by the President no later than April 15.

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