

## **2009 FCCLV SCHOLARSHIP INFORMATION**

The Florida Council of Citizens with Low Vision scholarship is awarded to an outstanding student who is enrolled in academic, professional or technical training beyond the high school level. The \$500.00 award will be given for either academic excellence or to an eligible applicant who is enrolled in a course of study, which will increase advancement potential in his/her chosen field. This scholarship may be awarded to a full or part-time student. However, special preference will be given to low-vision applicants, as this is a Low Vision organization.

### **ELIGIBILITY REQUIREMENTS:**

Applicant must be legally blind. That is, the applicant must have vision in the better eye of no more than 20/200 with corrective lenses or vision greater than 20/200 in the better eye but with a restricted field of vision of no more than 30 degrees.

Applicant must be a resident of the state of Florida. However, college or university doesn't necessarily have to be in Florida.

Applicant must have a high school diploma or a high school-equivalency diploma. (High school students who are graduating this term may also apply.)

Applicant must either be enrolled or accepted for enrollment in a college, university or trade school.

Applicant must have at least a 3.0 grade point average.

### **SUPPORTING DOCUMENTS WHICH MUST ACCOMPANY THIS APPLICATION:**

A narrative statement regarding vocational objectives and outlook for employment in your chosen field. Please include any awards or scholarships you have received or that are pending.

Two letters of recommendation.

Sealed official transcript from school currently attending or most recently attended.

Application must be postmarked no later than March 31, 2009.

Please forward application package to:

Barbara H. Grill  
2030 Preymore Street  
Osprey, FL 34229

All applications will be reviewed by the Florida Council of Citizens with Low Vision Executive Committee. The recipient of this scholarship will be notified prior to our June 2009 State Convention.

For more information about the FCCLV Scholarship, contact Barbara Grill at (941) 966-7056 or email [grillbh@comcast.net](mailto:grillbh@comcast.net).

## 2009 FCCLV SCHOLARSHIP APPLICATION

(Please print out and complete the following application.)

### I. PERSONAL DATA:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Summer address: (if different from above)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### II. VISUAL STATUS:

Check all the methods you use for reading:

( \_ ) Braille ( \_ ) Recordings ( \_ ) Large print ( \_ )  
Regular print ( \_ ) Live reader

### III. EDUCATIONAL BACKGROUND:

A) Name and address of school in which you are currently enrolled or last attended:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Grade point average (based on 4.0 scale): \_\_\_\_\_

Major: \_\_\_\_\_

No. of hours: \_\_\_\_\_

Degree/Certificate sought: \_\_\_\_\_

Date degree expected: \_\_\_\_\_

B) School you plan to attend (if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Major: \_\_\_\_\_

Number of hours: \_\_\_\_\_

Degree/Certificate sought: \_\_\_\_\_

Date degree expected: \_\_\_\_\_

C) List any secondary or post-secondary schools which you have attended:

Name of school: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Grade point average (based on 4.0 scale): \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of school: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Grade point average (based on 4.0 scale): \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

#### IV. WORK EXPERIENCE:

Please attach a list of any full-time or part-time work experience you may have. Indicate whether this is summer employment or during the school year.

#### V. EXTRACURRICULAR ACTIVITIES:

Please attach a list of any major outside activities (school, church, community, sports, organizations, recreation, etc.). Indicate extent to which you have acted in a leadership role.

## VI. CERTIFICATION OF VISUAL STATUS

To be completed by a physician or agency executive serving people with low or no vision.

This is to certify that the person named on this scholarship application is known to me and is legally blind.

Cause of visual impairment: \_\_\_\_\_

Visual Acuity: Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward application (including sealed official transcript) postmarked NO later than March 31, 2009 to:

Florida Council of Citizens with Low Vision  
Barbara H. Grill  
2030 Preymore Street  
Osprey, FL 34229

If you have any questions, contact Barbara at (941) 966-7056 or [grillbh@comcast.net](mailto:grillbh@comcast.net).