

NFB of Connecticut State Scholarship Application Form

Please type or print clearly.

Applicant's Name: Isabel Rosario

Permanent Address: 225 Sampson St. Bridgeport, CT 06606

Telephone: 203-993-3045

E-mail address: rosarioi4@southernct.edu

Are you currently enrolled full-time or part-time? Full-time

College/University Name & City: Southern Connecticut State University New Haven, CT

Year of Study in the current school year: Junior

List Institutions Previously Attended (High School and/or College): Central High School Bridgeport, CT

Attach the following documents:

1. **Applicant's Letter:** Describe your career goals and how our scholarship might help you to achieve them. Give us a brief biographical sketch - tell us about your academic interests, your extracurricular activities, awards/honors you may have received and any community service you have been involved in. Also please describe your financial need.
2. **Two Letters of Recommendation:** From teachers, professors, employers or other professionals who know you well.
3. **Certification of Legal Blindness:** or letter from treating physician confirming legal blindness.
4. **Official academic transcripts:** Post secondary students should obtain transcripts from all colleges/universities attended. High school seniors should obtain them from current and any previous high school attended.
5. **State Officer's Letter:** A letter from a state officer of the National Federation of the Blind of Connecticut confirming that you have discussed your application with him or her. Call our state office for help on this.

Applicant's Signature: Isabel Rosario Date: 8/13/2021

Mail your completed application by September 1st and/or address any questions to:

National Federation of the Blind of Connecticut

111 Sheldon Road, Unit 420

Manchester, CT 06045

860-289-1971

info@nfbct.org