# 2024 FCB SCHOLARSHIP APPLICATION

# Email Required

SUPPORTING DOCUMENTS WHICH MUST ACCOMPANY THIS APPLICATION INCLUDE THE FOLLOWING:   
  
1. Explanatory or descriptive statement regarding vocational objectives and outlook for employment in your chosen field. A brief description of how you heard about the Florida Council of the Blind and its Scholarship program; and how you foresee your involvement with FCB moving forward. Please include any awards or scholarships you have received or that are pending. Students taking less than 12 credits per semester/quarter must include note from institution stating that he/she is considered full-time.

2. Two letters of recommendation highlighting academic and/or leadership skills. If applying for the Nancy Burgess-Hall Advocacy Scholarship, both letters of recommendation must highlight the applicant’s involvement in disability-related advocacy.

3. Sealed or electronic official transcript from school currently or most recently attended.

4. Letter of acceptance from an accredited college or university.

5. Certification of Visual Status from eye physician or DBS Counselor if applying for any Scholarship, with the exception of the Nancy Burgess-Hall Advocacy Scholarship for which it is not a requirement to be blind or visually impaired. This document MUST be sent electronically or via mail directly by certifying entity.

NOTE: Certification of Visual Status and transcript(s) MUST be postmarked no later than March 15, 2024 if sent via mail.

Please forward Certification of Visual Status and transcript(s) to:

Florida Council of the Blind  
c/o Gabriel Lopez Kafati

6371 Pent Place

Miami Lakes, FL 33014

Please email complete application packet, including all recommendation letters and supporting documents no later than March 15, 2024, to fcbscholarships@gmail.com

(No handwritten applications will be considered)

If any assistance is needed in completing your online application, you may contact Gabriel Lopez Kafati at 786-547-5465.

The Education, Leadership, and Scholarships Committee will review all applications and will schedule phone/virtual interviews with all applicants. The Committee will select the five winners, and all recipients will be notified prior to the annual state convention.

FCB’s 2024 convention will be held from May 16-19, 2024, at the

South Bank Hotel

1515 Prudential Drive

Jacksonville, Florida 32207

904-396-1500

All scholarship recipients will be invited to attend the annual state convention and will receive a complementary first-year membership for the students’ affiliate of our parent organization, the American Council of the Blind (ACB).

* + Each Scholarship recipient and one guest will be given hotel accommodations for one night and one ticket each to the Awards Ceremony, where all Scholarship recipients will be announced. Additional award dinner tickets may be purchased by scholarship recipients if desired.
  + The Florida Council of the Blind will reimburse transportation costs for each scholarship recipient and one guest by train or bus. Mileage by automobile to the convention will be reimbursed on the following basis: $0.445 per mile.
  + All scholarship recipients attending the Sunday morning business meeting will be recognized by the committee.

For more information about our Scholarship program, you may contact Gabriel Lopez Kafati at fcbscholarships@gmail.com or by phone at 786-547-5465.

Please indicate which award you are applying for by placing an X to the left of the desired scholarship:  
  
\_\_\_ $2,000.00 Gayle M. Krause-Edwards Scholarship

X$2,000.00 Nancy Burgess-Hall Advocacy Scholarship

\_\_\_\_ $1,500.00 Teresa Blessing Scholarship

\_\_\_\_ $1,000.00 Timothy Turpin Scholarship

\_\_\_\_ $750.00 Bobbie Probst Scholarship

1. PERSONAL DATA:

Name: Z’LeahLiburd

Address: 7275 Steer Blade Dr.

City/State/Zip: Zephyrhills Fl. 33541

Summer Address: Same as above

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

Day Phone [include area code]: (813( 838-7323

Evening Phone [include area code]: same as above.

E-mail Address: nyirah17@gmail.com

Date of Birth [dd/mm/yyyy]: 05-02-2002

Male/Female: Female

II. EDUCATIONAL BACKGROUND:   
  
A. Name and address of school in which you are currently enrolled or last attended:

Name: University of South Florida

Address: 4202 E. Fowler Ave.

City/State/Zip: Tampa FL. 33620

Grade-point average (based on 4.0 scale or your institution’s equivalent): 3.8­­­\_\_\_\_\_\_\_\_\_\_\_

Major: Social Work

Number of hours carried in current semester/quarter: 14

Your school considers you full-time or part-time: Full time

Degree/Certificate sought: BSW (Batcheler’s of Social Work)

Date degree expected [mm/yyyy]: 05/05/2024

B. School you plan to attend in the fall (if different from above):

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

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

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

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

Number of hours to be carried in fall semester/quarter: 14

Your school will consider you full-time or part-time: full time

Degree/Certificate sought: MSW (Masters of Social Work)

Date degree expected [mm/yyyy]: NA

Please attach a list of any secondary or post-secondary schools which you have attended, include: Name of School, Address, City/State/Zip, Grade-point average (based on 4.0 scales or institutional equivalent), and Dates Attended [From-To (dd/mm/yyyy)].

III. 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.

IV. EXTRACURRICULAR AND LEADERSHIP ACTIVITIES  
  
Please attach a list of any major outside activities (school, church, community, e.g., sports, organizations, recreation, etc.). Indicate to what extent you have played a leadership role.

Applicants MUST submit an official transcript either electronically or via US mail. If mailed, the Sealed transcript must be postmarked no later than March 15, 2024 to the below address.

Florida Council of the Blind

C/o Gabriel Lopez Kafati

6371 Pent Place

Miami Lakes, FL 33014

You can complete this application online or you can send it via email at:

[fcbscholarships@gmail.com](mailto:fcbscholarships@gmail.com)

Please submit all supporting documentation as attachments to this same E-mail address, no later than March 15, 2024.