**NATIONAL FEDERATION OF THE BLIND OF FLORIDA (NFBF)**

**2019 STUDENT SCHOLARSHIP APPLICATION**

FULL NAME:

ADDRESS:

TELEPHONE NUMBER DAYTIME:

EVENINGS & WEEKENDS:

EMAIL:

***EDUCATION***

Name of college you are attending or to which you have been accepted:

ACADEMIC MAJOR:

NUMBER OF COLLEGE CREDITS COMPLETED:

CUMULATIVE GRADE POINT AVERAGE:

COLLEGE-RELATED ACTIVITIES & HONORS:

NAME OF HIGH SCHOOL ATTENDED:

HIGH SCHOOL GRADE POINT AVERAGE:

HIGH SCHOOL ACTIVITIES & HONORS:

***PERSONAL***

HOBBIES AND SPECIAL INTERESTS:

EMPLOYMENT HISTORY:

Please describe why you believe you should be selected as an NFBF scholarship winner, including accomplishments and aspects of your personality that the scholarship committee should consider in 500 words or less.

Are you an active member of the National Federation of the Blind?

If "yes," please provide your Chapter’s name:

Have you ever attended an NFBF state convention? (yes/no)

Have you ever attended a national NFB convention? (yes/no)

Please provide at least two letters of recommendation along with a current transcript.

The National Federation of the Blind knows that blindness is not the characteristic that defines you or your future. Every day we raise the expectations of blind people, because low expectations create obstacles between blind people and our dreams. You can live the life you want; blindness is not what holds you back.