

CHECKLIST

The **Emma Freeman Memorial Scholarship** was established through the San Antonio Lighthouse for the Blind in 1970 to enable students who are legally blind to obtain college educations. To apply for the scholarship, applicant must have a 2.5 GPA or higher and the following documents must be completed and submitted in the application packet.

Your completed application is due in the Lighthouse offices by **March 15**. You may use the following checklist to ensure that your packet is complete. **Note that without the entire, fully completed application packet, we will be unable to process your application.** Qualified applicants will be scheduled for an interview with the Selection Committee at a later date. If you have any questions, please call Angela Gray-Eagle at (210) 533-5195 or (800) 362-4335.

NEW APPLICANTS

- _____ 1. Completed application
- _____ 2. Three (3) completed, signed recommendations filled out by people who know you well. Must not be a relative. Consider asking teachers and your VR Counselor.
- _____ 3. Ophthalmological report documenting legal blindness
- _____ 4. Most recent high school or college transcripts
- _____ 5. Proof of residency in Texas, i.e., Texas ID card
- _____ 6. Documentation that you meet all of the admission requirements of your chosen school

PREVIOUS RECIPIENTS

- _____ 1. Letter stating your progress over the past year and your future plans
- _____ 2. Abbreviated Application
- _____ 3. Three (3) completed, signed recommendations filled out by people who know you well. Must not be a relative. Consider asking teachers and your VR Counselor.
- _____ 4. Ophthalmological report documenting legal blindness
- _____ 5. Most recent college transcripts

The Emma Freeman Memorial Scholarship seeks to promote further education for students that exhibit motivation, strong character and concern for others. It was Mrs. Freeman's belief that education is central to achieving one's full potential and becoming a full participant in society.

Instructions

- 1. Please read this application in its entirety before beginning to complete it.**
- 2. Complete and enclose all components of the application packet to submit for consideration. Attach additional sheets as needed. Application packet must be submitted by March 15.**
- 3. If you have any questions, please call the San Antonio Lighthouse at (210) 533-5195 or (800) 362-4335.**

Requirements

- 1. Applicants must be legally blind as documented by an ophthalmologist.**
- 2. Applicants must be legal residents of Texas.**
- 3. Applicants must attend an accredited college or university.**
- 4. Applicants must meet all standards required for admission to their chosen university and have a 2.5 GPA or higher.**
- 5. Priority will be given to students who are residents of Bexar County, then to those living in contiguous counties.**
- 6. Priority will be given to students who will attend schools in Texas.**

Applicant Information

Name

Last

First

Middle

Address

Street

Apt. #

City

State

Zip

Phone

Home

Work

Cell

E-Mail Address

Social Security #

Date of Birth

Marital Status

Citizenship

Employer

Address

Street

City

State

Zip

Additional Contact Information

Name _____

Phone _____
Home Work Cell

E-Mail Address _____

Academic Information – Schools Attended

High School or GED

Name	City/State	Date	Diploma
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College(s)

Name	City/State	Date	Degree
------	------------	------	--------

Name	City/State	Date	Degree
------	------------	------	--------

Name	City/State	Date	Degree
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Academic Information – Continued

Technical or Vocational School(s)

Name	City/State	Date	Degree
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Name	City/State	Date	Degree
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Name	City/State	Date	Degree
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List Academic Achievements and Awards

List Community and Extracurricular Activities (clubs, organizations, volunteer service, athletics, etc.)

Academic Information – Continued

High School Ranking _____ ACT Score _____ SAT Score _____

College Major _____ GPA _____

What college or university do you plan to attend?

1st Choice _____
Name City/State

2nd Choice _____
Name City/State

How many hours do you plan to take per semester? _____

Employment History

List employment history (most recent first, include volunteer and summer positions)

Employer	City/State	Position	Start/End Dates
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1. _____

2. _____

3. _____

4. _____

Financial Information

From what other sources are you seeking financial assistance?
(Please list, as we EXPECT you to pursue other avenues. This in no way will affect your application.)

What financial services are you receiving from the DARS – Division for Blind Services? (Circle all that apply)

Tuition Exemption

Books

Reader Services

Other

Essay Questions

On separate sheet(s), please answer both questions thoroughly and thoughtfully and attach to the application.

1. How would a scholarship assist you in achieving your goals?
2. What is your visual condition? What challenges has it presented and how have you overcome them?

Additional Comments

TO BE SIGNED BY APPLICANT (AND PARENTS IF APPLICANT IS A MINOR)

I/We authorize the San Antonio Lighthouse to release information in the applicant's folder to possible donors and/or colleges and universities upon written request.

I/We understand that the decision of the Scholarship Committee is final and may not be appealed. Neither the San Antonio Lighthouse, its officers, or directors, nor the Scholarship Committee are responsible for an incomplete application.

Applicant

Date

Parent or Guardian

Date

For More Information

**San Antonio Lighthouse
2305 Roosevelt
San Antonio, TX 78210-4920
(210) 533-5195 or (800) 362-4335
Fax (210) 533-4230
www.salighthouse.org**

Recommendation Form

Name of Applicant

Name _____

Last

First

Middle

This individual has applied for the Emma Freeman Memorial Scholarship. The Selection Committee recognizes the importance of carefully considered character and personality ratings made by an adult who knows the applicant well. Your comments will influence the Selection Committee. Please be as specific as possible in explaining your answers and sign the form on the back. Thank you.

In keeping with the requirements of Public Law 93-380, as amended by Public Law 93-568, the information given will be used only by the Selection Committee and will not be divulged to any other persons who are not involved in the selection process.

-
1. What do you think is this individual's most outstanding personality or character trait? Please explain.

2. How motivated and persistent do you think this individual is in their desire to accomplish their goals and overcome obstacles? Do you think this individual is realistic about his/her abilities and ambitions? Please illustrate.

3. How do you think this individual handles situations involving personal responsibility, leadership and relating to others?

4. Please rate this individual on the following traits:

	(Low)			(High)	
Courtesy	1	2	3	4	5
Fairness to others	1	2	3	4	5
Time Management	1	2	3	4	5
Ability to complete tasks	1	2	3	4	5

5. What other information do you have about this candidate, which will be of help to the Selection Committee in considering him/her for a scholarship?

How long have you known this individual _____

In what capacity? _____

Signature of Rater

Title of Rater

Date

Recommendation Form

Name of Applicant

Name _____

Last

First

Middle

This individual has applied for the Emma Freeman Memorial Scholarship. The Selection Committee recognizes the importance of carefully considered character and personality ratings made by an adult who knows the applicant well. Your comments will influence the Selection Committee. Please be as specific as possible in explaining your answers and sign the form on the back. Thank you.

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In what capacity? _____

Signature of Rater

Title of Rater

Date

Recommendation Form

Name of Applicant

Name _____

Last

First

Middle

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2. How motivated and persistent do you think this individual is in their desire to accomplish their goals and overcome obstacles? Do you think this individual is realistic about his/her abilities and ambitions? Please illustrate.

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Ability to complete tasks	1	2	3	4	5

5. What other information do you have about this candidate, which will be of help to the Selection Committee in considering him/her for a scholarship?

How long have you known this individual _____

In what capacity? _____

Signature of Rater

Title of Rater

Date