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CALIFORNIA COUNCIL OF THE BLIND



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1510 "J" Street, Suite 125
Sacramento, CA 95814

800-221-6359
916-441-2100

SCHOLARSHIP AWARDS APPLICATION

FOR SCHOOL YEAR 2008 - 2009

The California Council of the Blind gives a number of awards to the most deserving blind student applicants residing in California who will enter or continue studies at an accredited college or university in either undergraduate or graduate status. Persons attending vocational schools are also eligible. It is not necessary to be attending a college or university in California. These awards are granted in two parts (1/2 each term) upon receipt of proof of registration for each term. Awards will be granted on the basis of academic scholarship and other factors. This application must be typed or it will be automatically rejected. Even if you have previously applied, all items must be completed before you can be considered. Every year we deny applications solely because they are incomplete. If an item is not applicable, please provide a brief explanation. Do not fail to include a Doctor's statement or a statement from a qualified professional, such as a Social Worker or Rehabilitation Counselor, certifying that you are legally blind.

To qualify to receive a scholarship award, you must be a full time student registered for at least 12 units for each term of the entire academic year, if you believe that you have extenuating circumstances, such as additional disability or job requirements, that do not enable you to meet this requirement, please provide a complete explanation of your circumstances.

Once an award has been approved, when the student applies for his or her award each term, he or she must submit written proof of their registration, signed by the Registrar on school letterhead, including a complete list of the classes and total units to be taken.

When beginning or continuing work on a thesis, a letter from the Dean, or Department head stating that the student is working on their thesis, must be provided. This must be done at the beginning of each term. No monies will be allocated if proof of registration or continuing thesis studies are not provided.

You must be a permanent California resident to apply.

Applicant's full name: _____ age ____ sex ____.

Are you legally blind: yes ___ no ___ A doctor's or qualified professional's verification statement is required.

Applications will not be processed without this information.

Permanent California residence address:

_____ street _____ city _____ zip _____ telephone

Summer address: (if different)

_____ street _____ city _____ zip _____ telephone

School address: (if different)

_____ street _____ city _____ zip _____ telephone

E-mail address: _____

Cumulative all college grade point average: _____

High School attended: _____
name city state

List previous colleges attended: (years attended and total units completed)

_____ From ___ to ___ Units ___

_____ From ___ to ___ Units ___

_____ From ___ to ___ Units ___

College now attending: _____
name city state

College you will attend this summer: _____

Total number of units completed: _____

Total number of units carried this term: _____

Total number of units you will carry next Fall: _____

(If your school measures course work in hours, please provide the total units you will receive.)

State your Subject Major: _____

Are you a client of the California Department of Rehabilitation? YES ___ NO ___
If yes, please provide the name of your Rehabilitation Counselor. Your answer will not effect the

validity of your application. _____

Page 2 of 3

PROVIDE A STATEMENT (NOT MORE THAN 200 WORDS) GIVING YOUR PURPOSE IN UNDERTAKING COLLEGE WORK AND YOUR VOCATIONAL GOALS.

YOU MAY ALSO MENTION YOUR INTERESTS AND AVOCATIONS:

ALL APPLICATIONS MUST BE ACCOMPANIED BY A COMPLETE LIST OF TRANSCRIPTS.

IF YOU ARE A MEMBER OF THE CALIFORNIA COUNCIL OF THE BLIND, WE WOULD APPRECIATE A LETTER OF RECOMMENDATION FROM THE PRESIDENT OF YOUR CHAPTER. IF YOU ARE NOT A MEMBER BUT YOU KNOW A MEMBER, WE WOULD APPRECIATE A LETTER OF RECOMMENDATION FROM THAT PERSON. YOU MAY ALSO SEND LETTERS FROM TEACHERS OR OTHERS. EVEN IF YOU HAVE APPLIED PREVIOUSLY, PLEASE PROVIDE UPDATES TYPEWRITTEN INFORMATION. IF YOU WOULD LIKE TO CONTACT THE CCB CHAPTER NEAR YOU, PLEASE CALL THE CCB OFFICE AT 916-441-2100 OR 1-800-221-6359 MONDAY THROUGH FRIDAY BETWEEN 10:00 a.m. AND 4:00 p.m. TO OBTAIN CONTACT INFORMATION.

IN ORDER TO PROCESS YOUR APPLICATION, THIS APPLICATION, TRANSCRIPTS AND RECORDS MUST BE SUBMITTED TO THE CALIFORNIA COUNCIL OF THE BLIND OFFICE BY JUNE 15, 2008.

HOWEVER, IF TRANSCRIPTS ARE NOT AVAILABLE AT THAT TIME, YOU MAY SUBMIT THEM BY NO LATER THAN JULY 15, 2008.

WE WILL ATTEMPT TO ARRANGE A TELEPHONE INTERVIEW. ACCURATE SUMMER TELEPHONE NUMBERS AND ADDRESSES ARE VITAL TO THE PROCESSING OF THIS APPLICATION.

STUDENT SIGNATURE: _____ DATE: _____

(revision 01/23/2008)

Page 3 of 3