

**MISSISSIPPI COUNCIL OF THE BLIND
OF NORTH MISSISSIPPI
Scholarship Application**

INSTRUCTIONS

1. **Complete** this application and attach the requested documents.
2. Attach a **letter** from a Physician, Rehab Counselor, or Rehab instructor verifying the student's or the parent's blindness/legal blindness.
3. Send a transcript of your grades or ACT scores if you will be a freshman.
4. Include a letter explaining why you should be selected for this \$500.00 scholarship.
5. Return all documents to the following address **NO LATER than April 30, 2014**

Return to: Email Address: bobstanford@hotmail.com
Mailing Address: Bobby Stanford, MCBNM Scholarship Chairman
**285 Hillcrest Drive
Pontotoc, MS 38863**

Student Name (Name used on transcripts. No nicknames!)

First _____ MI _____ Last _____
Social Security Number _____
Home Address _____
City _____ ST _____ Zip Code _____
Applicant's Telephone Number _____
Email Address _____

Check the answers that apply to you:

1. () Yes () No Are you blind or legally blind?
2. () Yes () No Are you the child of a blind or legally blind parent?
3. () Yes () No Are you pursuing a medical related degree?
4. () Yes () No Are you a full time student?
5. Last grade level completed? Date completed? _____
() High School () College Freshman () College Sophomore
() College Junior () College Senior
6. What is your GPA for the last level of school completed? _____

COLLEGE INFORMATION

Name of college you plan to attend _____
College _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____

Signature _____ Date _____