# 2021 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. Part-time students must include an explanation for part-time status (e.g. employed student, family responsibilities, etc.).

2. Two letters of recommendation.

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 Counsilor. 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 15th, 2021 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 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 and Leadership Committee will review all applications and select the four winners. Recipients will be notified prior to the annual state convention.

FCB’s 2021 convention will be held from April 29th-May 2nd, 2021, at the

Sheraton Orlando North

600 North Lake Destiny Drive

Maitland, Florida 32751

407-660-9000

All scholarship recipients will be invited to attend the annual state convention.

* + 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:  
  
\_\_\_ $1,500.00 Gayle M. Krause-Edwards Scholarship

\_\_\_\_ $1,000.00 Teresa Blessing

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

\_\_\_\_ $500.00 Bobbie Probst

1. PERSONAL DATA:

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

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

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

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

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

Day Phone [include area code]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening Phone [include area code]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth [dd/mm/yyyy]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

Number of hours carried in current semester/quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your school considers you full-time or part-time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Certificate sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date degree expected [mm/yyyy]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Degree/Certificate sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date degree expected [mm/yyyy]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 15th, 2021 to the below address.

Florida Council of the Blind

C/o Gabriel Lopez Kafati

6371 Pent Place

Miami Lakes, FL 33014

Please email this application, along with any attached paperwork to Gabriel Lopez Kafati at [fcbscholarships@gmail.com](mailto:fcbscholarships@gmail.com) .