



# Kentucky School for the Blind Charitable Foundation

## WILL EVANS SCHOLARSHIP APPLICATION

To be eligible for consideration, the applicant must meet the Office for the Blind criteria for educational services or the Department for the Blind services as it relates to vision.

- **Application Deadline:** Three months prior to enrollment in your program.
- Scholarship money is given to the post secondary institution or paid to submitted education-related bills.
- The scholarship recipient must write a progress report each semester and submit it to the Scholarship Committee.
- Applicant must currently be a Kentucky resident.
- Recommendations are required from school personnel or from Office for the Blind personnel (additional recommendations may be submitted from non-school personnel).

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

School/Program (currently attending): \_\_\_\_\_

Anticipated date of completion? (please include transcripts): \_\_\_\_\_

School/program you will be attending next year? (post-secondary): \_\_\_\_\_

Have you been accepted by the above school/program? \_\_\_\_ YES \_\_\_\_ NO

Course of Study (goals): \_\_\_\_\_

Are you currently enrolled in a post secondary program? \_\_\_\_ YES \_\_\_\_ NO

If YES, name the school/program: \_\_\_\_\_

Course of Study (goals): \_\_\_\_\_

Have you applied or received other financial assistance? \_\_\_\_ YES \_\_\_\_ NO

If YES, from whom? \_\_\_\_\_

