



Kentucky School for the Blind Charitable Foundation

WILL EVANS SCHOLARSHIP APPLICATION

To be eligible for consideration, the applicant must meet the Kentucky Office for the Blind criteria for educational or vocational services.

- **Application Deadline:** Applications are due no later than **April 1** of each year.
- Scholarship money is given to the post secondary institution or paid for submitted education-related bills.
- The scholarship recipient must write a progress report during the first semester and submit it to the Scholarship Committee.
- Applicant must currently be a Kentucky resident.
- Recommendations are required from school personnel or from Kentucky 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? _____

