Kentucky School for the Blind Charitable Foundation

# **WILL EVANS SCHOLARSHIP GUIDELINES**

## **Requirements for Submission of Scholarship Applications:**

* **Application Deadline:** Applications are due no later than **July 1** of each year.
* To be eligible for consideration, the applicant must meet the Kentucky Office for the Blind criteria for educational or vocational services.
* Applicant must be blind or visually impaired and a current resident of Kentucky.
* The Will Evans Scholarship is for up to $2,000 and is to be used toward expenses associated with obtaining post-secondary education or vocational training.
* Students may reapply each fiscal year (July 1 – June 30) for up to five years.

## **Applicants Must Submit the Following Documents with the Application:**

* School transcripts must be provided with the application.
* Letters of recommendation are required from school personnel or from the applicant’s  
  Kentucky Office for the Blind counselor.

***Incomplete applications and/or applications without  
supporting documents will be returned.***

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# **WILL EVANS SCHOLARSHIP APPLICATION**

Name: First & Last. Birth Date: MM/DD/YYYY

Home Address: Street. County: enter text. City: enter text. State: XX. Zip: XXXXX.

Phone: (home) (XXX) XXX-XXXX. (work) (XXX) XXX-XXXX.(cell) (XXX) XXX-XXXX.

E-mail address: yourname@domain.com.

Eye Condition / Acuity: Click or tap here to enter text.

## **High School Applicant:**

School/Program (currently attending): Click or tap here to enter text.

Anticipated date of graduation/completion: MM/DD/YYYY GPA: X.X

School/program you will be attending next year: Click or tap here to enter text.

Have you been accepted by the above school/program?  **☐ YES ☐ NO**

Course of Study (goals): Click or tap here to enter text.

## **College/Vocational Applicant:**

School/Program (currently attending): Click or tap here to enter text.

Anticipated date of graduation/completion: MM/DD/YYYY GPA: X.X

Course of Study (goals): Click or tap here to enter text.

Are you a client of the Office for the Blind (OFB)? **☐ YES ☐ NO**

If YES, please list the name of your OFB counselor: First & Last.

Has funding been requested from any other source? **☐ YES ☐ NO**

If yes, list the organizations or agencies to which you requested funding:

Click or tap here to enter text.

What is the status? **☐** Pending **☐** Funded (Amount $0.00.) **☐** Not Funded

If not funded, please list the reason for denial of funding: Click or tap here to enter text.

## Please list any special achievements and awards:

Click or tap here to enter text.

## Extra-curricular activities and volunteerism:

Click or tap here to enter text.

## Please include any leadership roles in which you served:

Click or tap here to enter text.

## Briefly state how this scholarship will assist your educational goals:

Click or tap here to enter text.

**I hereby state that I answered the above information accurately and to the best of my ability.**

A close up of a logo

Description automatically generated MM/DD/YYYY

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Signature of Applicant Date

**Please submit this application to:**   
  
 Kentucky School for the Blind Charitable Foundation **Fax:** (502) 897-3194  
 Attn: Will Evans Scholarship Committee **E-mail:** [mbrown@ksbcf.org](mailto:mbrown@ksbcf.org)   
 214 Haldeman Avenue   
 Louisville, Kentucky 40206 **Phone:** (502) 897-3990