**NATIONAL FEDERATION OF THE BLIND OF FLORIDA**

**2025 STUDENT SCHOLARSHIP APPLICATION**

FULL NAME:

ADDRESS:

TELEPHONE NUMBER (DAYTIME):

TELEPHONE NUMBER (EVENINGS & WEEKENDS):

EMAIL:

***Are you applying for a Joseph B. Naulty Deaf-Blind Scholarship? Deaf-blindness is defined as significant hearing loss in addition to legal blindness. Refer to the Scholarship Checklist for documentation requirements.:***

***EDUCATION***

Name of college you are attending or to which you have been accepted:

ACADEMIC MAJOR:

NUMBER OF COLLEGE CREDITS COMPLETED:

CUMULATIVE GRADE POINT AVERAGE:

COLLEGE-RELATED ACTIVITIES & HONORS:

NAME OF HIGH SCHOOL ATTENDED:

HIGH SCHOOL GRADE POINT AVERAGE:

HIGH SCHOOL ACTIVITIES & HONORS:

***PERSONAL***

HOBBIES AND SPECIAL INTERESTS:

EMPLOYMENT HISTORY:

Please write an essay of 500 words or less describing why you believe you should be selected as an NFBF scholarship winner, including accomplishments and aspects of your personality that the scholarship committee should consider.

Are you an active member of the National Federation of the Blind?

If "yes," please provide the Chapter name:

Have you ever attended a National Federation of the Blind of Florida state convention? (yes/no)

Have you ever attended a National Federation of the Blind national convention? (yes/no)

Please provide at least two letters of recommendation along with a current academic transcript.

The National Federation of the Blind knows that blindness is not the characteristic that defines you or your future. Every day we raise the expectations of blind people, because low expectations create obstacles between blind people and our dreams. Our collective power, determination , and diversity achieve the aspirations of all blind people.