

Office use only: GPA \_\_\_\_\_ C.H. \_\_\_\_\_ EFC \_\_\_\_\_ MAJOR \_\_\_\_\_

## American Council of the Blind of Ohio Scholarship

The American Council of the Blind of Ohio Scholarship is available to undergraduate students with disabilities who are blind or visually impaired.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number/Street City State Zip

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of High School \_\_\_\_\_

Date of High School Graduation \_\_\_\_\_

Student Status at The University of Toledo:

\_\_\_\_ Entering Freshman \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

Current GPA (High School or College) \_\_\_\_\_ ACT Score \_\_\_\_\_

College Enrolled in \_\_\_\_\_ Major \_\_\_\_\_

If you are employed, where do you work and how many hours per week do you work?

Company Name \_\_\_\_\_  
Hours \_\_\_\_\_

Please attach a typed essay addressing the following:

- Your extra-curricular activities and community involvement
- Your career objectives and personal goals
- Any special circumstances that you would like the scholarship committee to consider when reviewing this application.

*Applicant's signature grants the Office of Student Financial Aid permission to release grades and financial need information for the purpose of scholarship consideration.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this application to:*  
Office of Accessibility  
1820 Rocket Hall, Mail Stop 342  
The University of Toledo  
Toledo, OH 43606