



# Educational Scholarships Application

Missouri Council of the Blind • moblind.org • (800) 342-5632

Plain PDF form. Print or write on the form to complete.

## Applicant Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Summer Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

U.S. Citizen?

Yes  No

## Visual Status & Membership

Visual Impairment Description \_\_\_\_\_

MCB Membership \_\_\_\_\_

Affiliate Name \_\_\_\_\_

Prior MCB Scholarships \_\_\_\_\_

## School Information

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School City / State / ZIP \_\_\_\_\_

School Phone \_\_\_\_\_

GPA \_\_\_\_\_

Major / Field \_\_\_\_\_

Degree Sought \_\_\_\_\_

Expected Graduation \_\_\_\_\_

Acceptance Notice Date \_\_\_\_\_

Other Schools Applied \_\_\_\_\_

Test Scores \_\_\_\_\_

## Experience

**Work Experience**

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**Extracurricular Activities**

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**Signature**

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Mail completed form to MCB St. Louis office.