



First Timer Convention Scholarship 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 _____

Street Address _____

City / State / ZIP _____

Eligibility Confirmation

I am legally blind? Yes No

I am a Missouri Resident? Yes No

I am 18 or Older? Yes No

I have Not Previously Attended? Yes No

Why I Want to Attend Convention _____

Agreement & Signature

By typing your full name and date below, you certify that the above information is complete and accurate.

Full Name (Electronic Signature) _____

Application Date _____

Mail completed form to MCB St. Louis office.