



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.



Kentucky School for the Blind Charitable Foundation

WILL EVANS SCHOLARSHIP APPLICATION

Name: _____ Birth Date: ____/____/____

Home Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

E-mail address: _____

Eye Condition / Acuity: _____

High School Applicant:

School/Program (currently attending): _____

Anticipated date of graduation/completion: _____ GPA: _____

School/program you will be attending next year: _____

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

Course of Study (goals): _____

College/Vocational Applicant:

School/Program (currently attending): _____

Anticipated date of graduation/completion: _____ GPA: _____

Course of Study (goals): _____

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

If YES, please list the name of your OFB counselor: _____

Has funding been requested from any other source? YES NO

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

What is the status? Pending Funded (Amount \$ _____) Not Funded

If not funded, please list the reason for denial of funding: _____

Please list any special achievements and awards: _____

Extra-curricular activities and volunteerism: _____

Please include any leadership roles in which you served: _____

Briefly state how this scholarship will assist your educational goals:

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

Signature of Applicant

Date

<p>Please submit this application to:</p> <p>Kentucky School for the Blind Charitable Foundation Attn: Will Evans Scholarship Committee 214 Haldeman Avenue Louisville, Kentucky 40206</p>	<p>Fax: (502) 897-3194 E-mail: contactus@ksbcf.org Phone: (502) 897-3990</p>
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