

NORTH DAKOTA ASSOCIATION OF THE BLIND SCHOLARSHIP PROGRAM

Criteria:

All applicants must have a visual impairment that cannot be corrected with prescription glasses or contacts.

Applicants must be a resident of North Dakota or reside in a border city, e.g., Fargo- Moorhead or Grand Forks-East Grand Forks.

Applicants for the \$2,000 scholarship should be a full-time student with a GPA of 2.5 or better on a 4 point scale. Applicants for the \$1,000 scholarships may be a part-time student.

Applicants need not be members of NDAB to apply.

All applicants will receive the current year's membership, if not already a NDAB member. As a member, you will receive issues of both The Promoter and the ACB Braille Forum newsletters to keep you informed of advocacy efforts, new technologies and special events. You will also receive invitations to the NDAB State Convention and our adult summer camp.

Deadline:

Scholarship applications must be received by March 15th. Late submissions will not be considered.

Please, complete all application sections and attach required documents.

Previous applicants and recipients of our scholarships are encouraged to reapply so we may financially support your efforts toward achieving gainful employment!

If you have any questions or would like more information, contact our scholarship chairperson.

Tracy Wicken Phone 701-772-7669 Email trwicken@nd.gov

**NORTH DAKOTA ASSOCIATION OF THE BLIND
SCHOLARSHIP APPLICATION**

Please write in your answers.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Cell Phone: _____

E-mail: _____

Gender: Male _____ Female _____

Date of Birth: _____

Vision Status:

Blind: _____ Vision impaired: _____

Newsletter format:

NDAB Promoter (email, large print, Braille, digital cartridge): _____

ACB Braille Forum (email, CD-ROM, large print, Braille, 4 track cassette): _____

School in Which You Are Presently Enrolled:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Class Standing (e.g. Freshman, Sophomore, etc.): _____

Cumulative grade point at this institution: _____

School Which You Plan to Attend in Fall (if different from above):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

List all post-secondary institutions attended, class standing, and cumulative grade point average:

Scholarship application type:
NDAB College: _____ Vocational: _____
Full-time: _____ Part-time: _____

Major: _____
Vocational Goal: _____
Degree/Certificate Sought (e.g. BA, BS, MA, MS, PhD): _____

Graduation date expected (month/year): _____

Cause of eye condition, present condition, and prognosis:

Financial statement:
*An applicant is not eliminated on the basis of economic need alone.
Tuition: \$ _____
Ability to pay: \$ _____
Gap to be made up: \$ _____

Your Annual Income: _____
List Exceptional Living Expenses for Household (e.g. medical, etc.):

Awards and Honors (attach list if necessary):

Community Service (attach list if necessary):

Work Experience (attach list if necessary):

ATTACH THE FOLLOWING DOCUMENTS TO COMPLETED APPLICATION:

1. Essay of at least 500 words, answering the following questions:
What are your goals and aspirations?
What self-advocacy have you done to deal with situations involving your vision loss?
How will the scholarship help you?
What are some of your extracurricular activities, hobbies, etc.? Include any additional information you wish.
2. Include two letters of recommendation.
3. Provide official transcripts from institution now attending or attended in the past.
4. Provide a Financial Aid Award Letter.
5. Provide proof of acceptance or college registration. If not available at time of application, submit as soon as possible.

Selection:

All scholarships are awarded on the basis of academic excellence, service to the community and financial need. The NDAB Executive Board will review the selection of applicants, first screened by the Scholarship Committee. Applicants will be notified of the final selection by May 1st. Scholarship recipients will be formally announced and acknowledged during the awards banquet of the State Convention. An additional stipend will be presented to scholarship recipients who attend the State Convention in June. Scholarship checks will be sent when proof of college registration is shown.

Mail the completed application form and attachments, postmarked prior to March 15th, or send via email to:

Tracy Wicken

733 Dawn Circle

Grand Forks, ND 58203

Email trwicken@nd.gov