

LAKOTA CHAPTER

**OF THE
AMERICAN COUNCIL OF THE BLIND OF INDIANA**

SCHOLARSHIP

The Lakota Chapter is a non-profit consumer organization which strives to increase independence, security, equality of opportunity, and quality of life for blind and visually impaired people in our community.

This scholarship is available to a senior, Whitley County resident graduating from Columbia City High School, Churubusco High School, or Whitko High School, who is legally blind according to federal guidelines.

APPLICATION INFORMATION

Name _____

Address _____

Telephone _____

Date of birth _____ SSN _____

Family Information (Please circle who you are living with)

Name of father/stepfather/guardian _____

Address _____

Place of employment/occupation _____

Name of mother/stepmother/guardian _____

Address _____

Place of employment/occupation _____

Number of siblings and their ages _____

FINANCIAL INFORMATION

Total household information for 20__ : _____

Please discuss your plans for financing your education.
Include any other assistance or scholarships you may be
receiving.

Please note anyone else in the household currently attending college.

COLLEGE/UNIVERSITY/VOCATION OR TRADE
SCHOOL INFORMATION

Where you plan to attend _____

Have you been applied or been accepted to this school?
_____ (If yes, circle which applies to you)

Planned field of study or vocation _____

List factors that you believe make you deserving of this scholarship.

CERTIFICATION

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge.

(Signature)

(Date)

Please include a certification of legal blindness signed by your optometrist or ophthalmologist and a copy of your high school transcript. Send to Whitley County Community Foundation, P.O. Box 527, Columbia City, IN 46725 by April 15th.