**NATIONAL FEDERATION OF THE BLIND (NFB)**

**2020 SCHOLARSHIP PROGRAM APPLICATION FORM (Print Edition)**

**Submission deadline: March 31, 2020, midnight (E.S.T.)**

If possible, complete the online version of this application form at https://nfb.org/scholarships, even if you do not use the upload feature. *Note the HumanWare/NFB STEM internship opportunity on page 3.*

**Upload, email, or mail one application form with all required scholarship documents to:**

Scholarship Program, National Federation of the Blind,

200 East Wells Street, Baltimore, MD 21230

 (410) 659-9314, ext. 2415; Email: scholarships@nfb.org; Website: [www.nfb.org/scholarships](http://www.nfb.org/scholarships)

The chairperson of the NFB Scholarship Committee is Cayte Mendez.

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I prefer to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ /\_\_\_\_/\_\_\_\_\_\_\_

**ELIGIBILITY: *Students must meet all four criteria* *below to be eligible*; check each item to confirm.**

\_\_\_\_ I am legally blind in both eyes.

\_\_\_\_ I live in the United States or Puerto Rico.

\_\_\_\_ I will be attending a college in the United States or Puerto Rico in the fall of 2020.

\_\_\_\_ If chosen, I will attend the full week of the NFB convention July 14-19, 2020.

**Have you won a *national-level* NFB scholarship before? \_\_\_\_ NO \_\_\_\_ YES \_\_\_\_\_\_ YEAR**

**HOME ADDRESS**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT NUMBERS:** Please list the telephone number where we can most easily contact you. Your cell phone is preferred, if you have one. At least one phone number is required, additional numbers are appreciated.

Primary \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_

Alternate \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION: What school do you currently attend? Write NA if not applicable.**

Name of current school or college ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_

 Is this an online school? \_\_\_\_\_\_\_ Traditional school? \_\_\_\_\_\_\_

**Application Form – Print Edition, page 2 of 3** **Your name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current GPA, ?** As there are many systems for reporting GPA, please help us get a sense of your academic standing by completing both fields. (Examples: 3.8 out of max GPA 4.0, or 92 out of max GPA 100)

GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Out of max GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL SENIORS ONLY: If available, send copies of all score reports.**

ACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FALL SEMESTER: Which college will you attend in the fall of 2020?**

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is this an online school? \_\_\_\_\_\_\_\_ Traditional school? \_\_\_\_\_\_\_

**Or, if undecided at present, list those under consideration with name, city, and state, and inform us of the school you choose before the March 31, 2020, deadline. Under consideration are:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Classification** in fall semester 2020 (freshman, sophomore, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major(s**) you are pursuing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree(s)** you are pursuing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Profession or field** **of employment** you wish to enter with your college degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated year of college graduation**: \_\_\_\_\_\_\_\_\_\_\_

**List any other postsecondary institutions you have attended (please signify if former college was an online school or a traditional school):**

 Name of former college 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of former college 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about the NFB scholarship program?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Please check if you would like to be added to the NFB’s National Association of Blind Students listserv.

**Application Form – Print Edition, page 3 of 3** **Your name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2 HumanWare/NFB STEM Development Internship Opportunities**

The National Federation of the Blind and HumanWare have collaborated to offer 2 (two) HumanWare/NFB STEM development internship opportunities. If you are a technically-minded student with aspirations of a career in product testing and/or marketing we invite you to indicate your reply below. If you answer “yes,” this will authorize HumanWare access to all of the information you provided on this scholarship application for purposes of selecting an intern. If you answer “no,” you do not need to answer the associated questions. These 2 (two) internships will be based in the US and in collaboration with the HumanWare US Product Specialist team. The two winning interns will also be required to travel for a few days during the last week of the internship to the HumanWare Head Quarters in Montreal Canada.

\_\_\_\_  I am willing and able to work as an intern from June 15, 2020, to August 14, 2020.  Dates are slightly flexible based on situation.

If you indicated that you are interested in the internship, please answer the following questions:

List the operating systems you have experience with and your level of proficiency with each.

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Which HumanWare products have you used? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any technical / development/ marketing projects you have completed and why you feel it is relevant experience for such an internship opportunity. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ I am a Braille reader.

Why do you want to intern with HumanWare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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