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Houston Council of the Blind
1475 West Gray, Suite 183
Houston, Texas 77019
713-520-9237

March 3, 2008

Dear Student:

The Houston Council of the Blind (“HCB”) being devoted to the educational and social needs of the blind and visually impaired is pleased to offer its Fall 2008 scholarships.

REQUIREMENTS

All applicants must:

MEET THE REQUIREMENTS AND MAIL THE APPLICATION AND ALL SUPPORTING DOCUMENTS TO THE ADDRESS LISTED ON THE APPLICATION NO LATER THAN JUNE 17, 2008; and

03-10-08A07:03 RCVD

- 1. Be legally blind or blind (documentation required to certify vision impairment);**
- 2. Reside in the greater Houston area or surrounding counties;**
- 3. Plan to attend or attending school full-time -minimum of twelve (12) hours and be accepted for admission or be enrolled at a college or vocational trade school;**
- 4. Have a cumulative GPA (high school or college) of 3.0;**
- 5. and submit the following supporting materials to the HCB Scholarship Committee (please mail to the address listed on the application) Postmarked NO LATER THAN JUNE 17,2008:**
 - Copy of high school transcript (of each school if more than one was attended);**
 - Copy of acceptance letter and, if you have earned college credits already, copies of your academic transcript(s) from ALL post-secondary schools attended;**
 - 2 letters of recommendation not more than twelve (12) months old;**
 - Documentation certifying vision impairment by a licensed professional such as a doctor or a vocational rehabilitation counselor;**

- and a Completed Houston Council of the Blind (HCB) Scholarship application (enclosed).

ALL APPLICATIONS MUST BE COMPLETED AND POSTMARKED BY JUNE 17, 2008.

Applicants will be considered on the basis of academic achievement, community service and financial need. All decisions will be made and recipients notified by July 15, 2008.

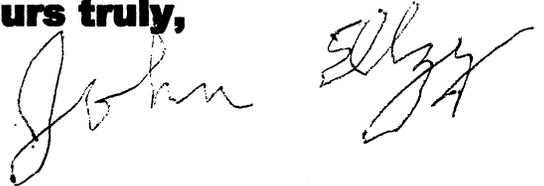
The scholarships will be presented in August at the Houston Council of the Blind monthly meeting (or at a separate awards luncheon).

Yours truly,



**William Atkins
Scholarship Co-Chairman**

Yours truly,



**John Ellzey
Scholarship Co-Chairman**

Houston Council of the Blind Fall 2008 Scholarship Application

PERSONAL INFORMATION:

Name _____

Street Address _____

City, State & Zip _____

Area Code &
Phone# day _____ evening _____

Age _____ Date of birth _____ Sex _____

No. of dependent(s) _____

Marital status _____

VISION:

Nature of Visual Impairment _____

Visual Acuity

(right) _____ (left) _____

Visual Fields

(right)_____ (left)_____

FINANCIAL INFORMATION:

Please list all sources and amounts of support/income for applicant and spouse, if applicable, per academic year. Mark "0" for all sources which you do not receive.

\$_____ applicant's net wages from work (per month);

\$_____ spouse's net wages from work (per month);

\$_____ applicant's average income from any other sources (per month);

\$_____ spouse's average income from any other sources (per month);

\$_____ Social Security, SSI, SSDI, AFDC, etc. (per month);

\$_____ Veteran's Benefits (per month);

\$_____ Financial aid per academic year (Pell Grant, SSIG, SEOG, TOPL, College work study, etc.); and,

\$_____ Scholarships, (list by types): May use back of page.

PLEASE PROVIDE DOCUMENTATION IF RECEIVING ANY OF THE ABOVE.

**Division of Blind Services Information
(Please check types of aids received)**

- Books and Supplies Voucher**
 Extra expenses money at beginning of Semester
 Reader Services
 Tutorial Services
 Transportation (on a monthly basis)

Please Mail Application and all supporting documentation to:

**Houston Council of the Blind
1475 West Gray, Suite 183
Houston, Texas 77019**

**Attn: William Atkins & John Ellzey
Scholarship Co-Chairmen**

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, _____, hereby voluntarily authorize officials in the
University of Houston department(s) identified below to disclose personally identifiable
information from my educational records. (Please check the box or boxes that apply):

- Registrar
- Financial Aid
- Dean of Student's Office
- Residential Life and Housing
- University Advancement
- University Studies Division
- Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- Grades/Transcripts
- Financial Aid
- Disciplinary
- Housing
- Scholarship and/or Honors
- Photos
- Academic Records
- All University Records
- Other (Please Specify) _____

This information may be released to _____
[Print Name(s) of Individual(s) To Whom University May Disclose Information]

_____ for the purpose of informing:
[List Additional Individuals if Necessary]

- Family
- Educational Institution
- Employer/Prospective Employer
- Public or Media of Scholarship, Honor or Award
- Other Please Specify _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Name (Please Print)

Student I.D Number

Student Signature

Date