Dear Scholarship Applicant or Rehabilitation Professional, the American Council of the Blind of Texas (ACBT) Scholarship Committee, welcomes the opportunity to announce the 2015-2016 scholarship program. Each year ACBT awards scholarships to entering college freshmen, students currently attending a college or university, and students enrolled in vocational or technical programs.

The American Council of the Blind of Texas is an affiliate of the American Council of the Blind (ACB). The mission statement of ACB states that the American Council of the Blind “strives to increase the independence, security, the quality of opportunity, and quality of life for all blind and visually impaired people.” ACBT subscribes to this mission statement and works to be an advocacy organization and positive, proactive support system to Texans who are blind or visually impaired.

ACBT would like as many eligible applicants as possible to apply for the scholarships. Applicants do not have to be consumers of the Division for Blind Services, however, they must present reputable references and any information provided regarding the application must be typed. Please feel free to make copies of this packet and forward it to other interested students, professionals, schools, or agencies.

Scholarship requirements include:
• Documentation of legal or total blindness
• Texas residency
• Have a cumulative high school GPA of 3.0
• Have a cumulative post-secondary GPA of 3.0, having attended college/university/vocational school/trade school
• Acceptance letter of admission or documentation of current enrollment at a college or vocational/trade school

REQUIRED SUPPORTING MATERIALS INCLUDE:
• A completed scholarship application (Information must be typed)
• Copy of high school transcript
• Copy of acceptance letter (if entering freshman)
* Copies of academic transcripts from ALL post-secondary schools attended
• 2 to 3 letters of recommendation not more than twelve (12) months old.
* At least one letter should be from an administrator, teacher, or rehab professional.
• A 1 to 2 page keyboard/typed autobiography telling the scholarship committee about yourself, including family, hobbies, activities, and community service as well as your educational and career goals. Also, please specify if you attend college full-time or part-time.
• If there is a medical reason that prevents you from attending full-time, please include documentation from your physician explaining the reason and medical condition.

Please submit the completed scholarship packet to: Cynthia Julun, ACBT Scholarship Committee Chair at the address listed on the application postmarked NO LATER THAN June 30, 2015. If supporting materials are being sent separately, please note this on your application. However, ALL materials must be postmarked NO LATER THAN June 30,
2015. Applicants will be considered on the basis of academic achievement, visual difficulty and community service.

The decision will be made and recipients notified by August 18, 2015. Scholarship recipients are strongly encouraged to attend the ACBT conference and Convention in Corpus Christi, September 17-20, 2015. Winners will be honored at the Awards breakfast occurring Sunday morning, September 20, 2015.

Anyone interested in attending the conference and who is a DBS consumer can check with their counselor to see if assistance is available.

For further information, contact:
Cynthia Julun, ACBT Scholarship Committee Chair
7390 Pindo Circle Apt. 218
Beaumont, Texas 77708
409-924-9803
cjulun@sbcglobal.net
AMERICAN COUNCIL OF THE BLIND OF TEXAS (ACBT)
SCHOLARSHIP APPLICATION
2015-2016

Please note: scholarship application deadline is June 30, 2015
For best results, please follow the instructions found in the announcement and the checklist below.

PERSONAL INFORMATION
Name:
Mailing Address:
City/State/Zip:
Area Code and Phone:
Email Address:
Date of Birth:
Age:
Gender:
Marital Status:
No. of dependents (if applicable):
Major Field of Study:
Minor Field of Study:
Cumulative Grade Point Average based on a 4.0 scale:
Class Level for Upcoming Fall Semester:
College or University You Plan to Attend in the Fall:
DIVISION FOR BLIND SERVICES INFORMATION
This section must be filled out by your Division for Blind Services (DBS) counselor.

DBS Counselor: please complete the information relating to vision and check types of aid received.

Documentation of legal or total blindness
Description (cause of visual impairment)
Visual Acuity (right eye)  (left eye)
Visual Field (right eye)  (left eye)

Documentation of financial assistance
Tuition/fee exemption or tuition or fee payment
Books and Supplies voucher
Extra expense money at beginning of semester
Reader services
  Tutorial services
Transportation (on a monthly basis)
DBS Counselor’s Signature       Date

DBS Counselor’s Phone Number
DBS Counselor’s Email address:
APPLICATION CHECK LIST
Before mailing this application, make sure you have completed and included with your submission:
1. DBS Counselor’s information to document your legal or total blindness
2. Copy of your transcript(s)
3. Copy of your acceptance letter (if entering freshman) or academic transcripts from all post-secondary schools attended.
4. Two to three letters of recommendation (at least one from an administrator, teacher, or rehabilitation professional).
5. A one to two page typed autobiography telling us about you.
6. If there is a medical reason that prevents you from attending full-time, documentation from your physician explaining the reason(s).

Mail application and all supporting documentation to:

Cynthia Julun, Scholarship Committee Chair
American Council of the Blind of Texas
7390 Pindo Circle Apt. 218
Beaumont, Texas 77708

Please address any questions to Cynthia Julun at 409-924-9803 or at cjulun@sbcglobal.net
Letter of Recommendation Form
A copy of this form must be attached to each letter of recommendation.
(Please make additional copies as needed.)
Please note: scholarship application deadline is June 30, 2015

Applicant’s Name:
Name of High School or College/University:

Name of Person Making Recommendation:
Title:
Telephone:
E-mail:

The student whose name appears above is applying for an American Council of the Blind of Texas scholarship award, presented to entering college freshmen, current college/university students, and students enrolled in vocational or technical programs. Your recommendation offering specific information about the accomplishments and qualifications of the applicant, and additional comments will be most helpful to the selection committee in its evaluation of applicants.

Your recommendation of the applicant’s performance, abilities and personal qualities will be carefully reviewed. If you are aware of contributions the applicant has made to the school or community, please comment on his/her talent, dedication and effectiveness in your letter of recommendation.
Please address any questions to:

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