

YOUR DONATIONS ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT POSSIBLE.  
Our EIN Federal tax ID number is 34-0742708.

THE AKRON BLIND CENTER & WORKSHOP, INC.  
SCHOLARSHIP AWARD PROGRAM

STUDENT APPLICATION

NAME:

\_\_\_\_\_

HOME

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

I PLAN TO

ATTEND: \_\_\_\_\_

College or University

\_\_\_\_\_ TO

BEGIN \_\_\_\_\_

CITY AND STATE MONTH AND YEAR

OR: I CURRENTLY ATTEND THE UNIVERSITY OF AKRON \_\_\_ OR

STARK STATE COLLEGE \_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_ ACT/SAT

SCORES \_\_\_\_\_

FAMILY STATUS:

(SINGLE/MARRIED) \_\_\_\_\_

IS ANYONE DEPENDENT ON YOU FOR SUPPORT? \_\_\_\_\_ YES \_\_\_\_\_ NO

NUMBER OF CHILDREN LIVING AT HOME: \_\_\_\_\_ THEIR AGES

ARE? \_\_\_\_\_

PARENTS: LIVING \_\_\_\_\_ DIVORCED \_\_\_\_\_ DECEASED (FATHER) \_\_\_\_\_ MOTHER \_\_\_\_\_

FATHER'S  
EMPLOYMENT: \_\_\_\_\_

MOTHER'S  
EMPLOYMENT: \_\_\_\_\_

ARE ANY OTHER FAMILY MEMBERS ATTENDING COLLEGE? YES \_\_\_\_\_ NO \_\_\_\_\_

HOW MANY? \_\_\_\_\_ YEAR OF  
GRADUATION: \_\_\_\_\_

\*\* PLEASE ATTACH A CERTIFICATE OF BLINDNESS SIGNED BY A PHYSICIAN.

LIST ANY EXTRACURRICULAR ACTIVITIES

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WORK EXPERIENCE:

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BRIEFLY DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT THE COMMITTEE  
SHOULD BE AWARE OF IN ORDER TO HELP THEIR SELECTIONS:

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HOW WILL FINANCIAL AID HELP YOU?

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PLEASE ATTACH A TYPED ESSAY (250-500 WORDS) ADDRESSING THE  
FOLLOWING:

1. YOUR CAREER OBJECTIVES, FUTURE PLANS, PERSONAL GOALS,
2. AND ANY PERSONAL QUALITIES THAT YOU WOULD LIKE TO SHARE WITH

THE SCHOLARSHIP COMMITTEE.

3. WHY YOU BELIEVE YOU ARE QUALIFIED TO RECEIVE THIS SCHOLARSHIP.

LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE PERSONS

TO WHOM YOU WILL SEND REQUESTS FOR REFERENCES. THESE SHOULD NOT BE FAMILY MEMBERS. (PLEASE INCLUDE THE LETTERS WITH YOUR APPLICATION.)

1.

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2.

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3.

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THE APPLICANT'S SIGNATURE BELOW GRANTS THE AKRON BLIND CENTER PERMISSION TO VERIFY ANY OR ALL INFORMATION PROVIDED BY THE APPLICANT.

SEVERAL FINAL CANDIDATES FOR THIS AWARD MAY BE SELECTED BASED ON THE ABOVE CRITERIA. THE FINALISTS MAY BE CONTACTED TO ARRANGE AN INTERVIEW TIME WITH THE SCHOLARSHIP COMMITTEE.

\*LEGAL BLINDNESS IS DEFINED AS VISUAL ACUITY (VISION) OF 20/200 (6/60) OR LESS IN THE BETTER EYE WITH BEST CORRECTION POSSIBLE. THIS MEANS THAT A LEGALLY BLIND INDIVIDUAL WOULD HAVE TO STAND 20 FEET (6.1 M) FROM AN OBJECT TO SEE IT – WITH CORRECTIVE LENSES – WITH THE SAME DEGREE OF CLARITY AS A NORMALLY SIGHTED PERSON COULD FROM 200 FEET (61 M). IN MANY AREAS, PEOPLE WITH AVERAGE ACUITY WHO NONETHELESS HAVE A VISUAL FIELD OF LESS THAN 20 DEGREES (THE NORM BEING 180 DEGREES) ARE ALSO CLASSIFIED AS BEING LEGALLY BLIND.

BLINDNESS IS THE CONDITION OF LACKING VISUAL PERCEPTION DUE TO PHYSIOLOGICAL OR NEUROLOGICAL FACTORS. TOTAL BLINDNESS IS THE COMPLETE LACK OF FORM AND VISUAL LIGHT PERCEPTION AND IS CLINICALLY RECORDED AS NLP, "NO LIGHT PERCEPTION".

AKRON BLIND CENTER SCHOLARSHIP COMMITTEE REGULATIONS

Revised 2022

## I. GENERAL INFORMATION

Each year, the Akron Blind Center awards the Phyllis Cottle Memorial Scholarship to an eligible high school senior or college student who resides in Summit County or who is attending a two- or four-year accredited institution in Summit County. The amount of the scholarship will vary from year to year. Recipients will be provided the scholarship amount via check in one lump sum.

## II. ELIGIBILITY

All applicants must meet the following requirements:

- Be a resident of Summit County, a graduating senior at a high school in Summit County who will attend an accredited two-year or four-year accredited institution of higher education, or a non-resident attending an eligible institution of higher education in Summit County.
- Be enrolled in or accepted to an accredited two-year or four-year institution of higher education.
- Be legally blind. Legal blindness is defined as a visual acuity (vision) of 20/200 (6/60) or less in the better eye with the best correction possible. This means that a legally blind individual would have to stand 20 feet (6.1 meters)E from an object to see it – with corrective lenses – with the same degree of clarity as a normally sighted person could from 200 feet (61 meters). People with average acuity who nonetheless have a visual field of less than 20 degrees (the norm being 180 degrees) are also classified as being legally blind. A physician's certificate certifying that the applicant meets one of these criteria must be submitted with the application.
- Complete the application as determined by the Scholarship Committee.

## III. APPLICATION PROCESS

The Akron Blind Center shall make the criteria and application for the scholarship available on its website and at the Center. The Akron Blind Center shall provide an application to anyone who requests one. Any application that is submitted incomplete will be rejected.

Applications are due by August 1 of the year in which the scholarship will be awarded. The winner of the scholarship will be announced at the Board of Directors' meeting in August.

Applications include requests for information about the applicant and his/her plans for enrollment/continued enrollment in a two-year or four-year accredited institution of higher learning. The application also will request transcripts, letters of recommendation, and physician's certification of legal blindness.

The Scholarship Committee shall review all complete applications. The Scholarship Committee shall deliberate and choose the successful applicant. The decision of the

Scholarship Committee as to the successful applicant is final.

#### IV. REPAYMENT OBLIGATION AND OBLIGATION TO ATTEND WHITE CANE EXPERIENCE

All scholarship recipients shall be required to execute an Agreement whereby the recipient agrees that the scholarship funds are to be used only for educational expenses, such as tuition, fees, or books. The recipient shall also agree that, should he/she withdraw from the institution of higher education, or otherwise become ineligible, or if he/she uses the scholarship funds for expenses other than educational expenses, he/she shall repay the scholarship amount in full.

The recipient of the scholarship shall be required to attend the Akron Blind Center's White Cane Experience, typically held on the first Saturday in October, but which date may

vary, in order to receive the scholarship check and be acknowledged by the Board, volunteers, and attendants at the Walk.

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SIGNATURE OF APPLICANT SIGNATURE OF PARENT OR GUARDIAN

DATED: \_\_\_\_\_

Return your applications by the August 1, 2018 deadline to:

SCHOLARSHIP COMMITTEE  
THE AKRON BLIND CENTER  
PO Box 1864  
AKRON OHIO 44309

Thank you for your attention in advance. We hope to receive several applications from qualified applicants.