

The Mississippi Council of the Blind of North Mississippi is offering (1) one \$500.00 scholarship:

The Betty Kelly Scholarship Award

This scholarship is for a blind or visually impaired student or the child of a blind or visually impaired parent.

The scholarship is valued at \$500.00 and is awarded annually

Students interested in applying for this scholarship MUST submit ALL requested documentation. MCBNM does reserve the right to eliminate any incomplete application. If you are an entering freshman, please submit an acceptance letter from the college you plan to attend along with the other required documentation. If you are not an entering freshman, please provide a copy of your transcripts along with the supporting documentation. Each applicant is required to submit a letter that explains why you should be awarded a scholarship. Please share your goals for the future. The committee needs to know if you or your parent is blind or visually impaired. Include a statement to verify the eye condition.

The completed application, letter and supporting documentation should be sent in one mailing to the email or mailing address listed on the application. The deadline for all applications is April 30th. You will be notified when the final selection is made. The scholarship check will be sent directly to the college listed on the application.

Thank You for Your Interest,



Sara M. Rogers
MCBNM Scholarship Chairwoman

**MISSISSIPPI COUNCIL OF THE BLIND
OF NORTH MISSISSIPPI
Scholarship Application**

INSTRUCTIONS

1. **Complete** this application and attach the requested documents.
2. Attach a **letter** from a Physician, Rehab Counselor, or Rehab instructor verifying the student's or the parent's blindness/legal blindness.
3. Send a transcript of your grades or ACT scores if you will be a freshman.
4. Include a letter explaining why you should be selected for this \$500.00 scholarship.
5. Return all documents to the following address NO LATER than **April 30, 2018**

Return to: Email Address: sarargrs@comcast.net
Mailing Address: Sara M. Rogers
MCBNCM Scholarship Chairwoman
**131 Ashley Street
Tupelo, MS 38801**

Student Name (Name used on transcripts. No nicknames!)

First _____ MI _____ Last _____
Social Security Number _____
Home Address _____
City _____ ST _____ Zip Code _____
Applicant's Telephone Number _____
Email Address _____

Check the answers that apply to you:

1. () Yes () No Are you blind or legally blind?
2. () Yes () No Are you the child of a blind or legally blind parent?
3. () Yes () No Are you pursuing a medical related degree?
4. () Yes () No Are you a full time student?
5. Last grade level completed? Date completed? _____
() High School () College Freshman () College Sophomore
() College Junior () College Senior
6. What is your GPA for the last level of school completed? _____

COLLEGE INFORMATION

Name of college you plan to attend _____
College _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____

Signature _____ Date _____