Dear Scholarship Applicant,

On behalf of the American Council of the Blind of Texas, Inc. (ACBT) Scholarship Committee, I would like to make you aware of a scholarship opportunity. Each year ACBT awards scholarships to entering college freshmen, current college students, and students enrolled in vocational or technical programs. ACBT is pleased to offer the 2008-2009 scholarships.

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 a positive support system for Texans who are visually impaired. Our state motto is TEAM – Together Everyone Achieves More. Although the majority of our members are visually impaired, sighted persons who share the common goals and interests of our organization are also welcome to join.

ACBT is trying to reach the largest number of individuals who would be eligible for these scholarships.

Scholarship requirements include:

- Documentation of legal blindness
- Texas residency
- A cumulative high school GPA of 3.0
- A cumulative post-secondary GPA of 3.0, if have attended college/vocational school/trade school
- Acceptance for admission or current enrollment at a college or vocational/trade school
Required supporting materials include:

- A completed scholarship application
- Copy of high school transcripts (of each school if more than one was attended)
- Copy of acceptance letter (if entering student) or, if you have earned college credit already, copies of your academic transcript(s) from all post-secondary schools attended
- 2 to 3 letters of recommendation not more than twelve (12) months old
- A 1 to 2 page typewritten 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 are attending full-time or part-time; and, if part-time, if employed while attending.

Please submit the completed scholarship packet to us at the address listed below postmarked NO LATER THAN JULY 2, 2008. If supporting materials are being sent separately, please note this on your application. However, all materials must be postmarked NO LATER THAN JULY 2, 2008. Applicants will be considered on the basis of academic achievement, community service, and degree of visual impairment. Financial need will be of secondary consideration; providing your financial information is optional. All decisions will be made and recipients notified by August 5, 2008.

Please make copies of this packet as needed. We have included an ACBT brochure for your information. If you have any questions, please feel free to call or email.

Sincerely,

Rosalyn Benavides, Scholarship Committee
American Council of the Blind of Texas
9639 Orchid Meadows
San Antonio, TX, 78250
Ph. 210-872-4751    Fax 210-521-4734
E-mail: rosalynb@satx.rr.com
AMERICAN COUNCIL OF THE BLIND OF TEXAS (ACBT)
SCHOLARSHIP APPLICATION
Spring, 2008

I. PERSONAL INFORMATION

Name ______________________________
Mailing Address ______________________________
City __________ State ____ Zip ______________
Area Code and Phone ______________________________
Email Address ______________________________
Date of Birth _______________ Age _______ Gender __

II. FINANCIAL INFORMATION (Optional)
Please list all sources and amounts of income.

III. DOCUMENTATION OF VISUAL IMPAIRMENT (Choose A or B)

A. You may provide a statement by your ophthalmologist or medical practitioner verifying that you are Legally Blind, or you may submit a Certificate of Blindness provided by your Department of Assistive and Rehabilitative Services, Division of Blind Services.

OR

B. Provide the following information from your Division of Blind Services Counselor:

Name of visual impairment ______________________________
Visual Acuity (right) ___________ (left) ___________ 
Visual Field (right) ___________ (left) ___________

Counselor’s Signature _______________ Date _______________

Phone _______________ Email ______________________________

(Page 1 of 2)
IV: ADDITIONAL INFORMATION (Required) Attach pages if needed

What college or university are you enrolled in or attending?

________________________________________

What is your major? ______________________ Your Cumulative GPA? ___

What is your work experience?

________________________________________

In what community activities are you involved?

________________________________________

Check the visual and mobility aids that you use:

___ White Cane  ___ Dog Guide  ___ Screen Reader  ___ Refreshable Braille Display

___ Screen Magnification  ___ Notetaker  ___ Scanner

___ Electronic Reading Devices  ___ Large Print  ___ Braille

___ Other: ___________________________________

Mail application and all supporting documents to:

Rosalyn Benavides, Chair
ACBT Scholarship Committee
9639 Orchid Meadows
San Antonio, TX, 78250

Ph: 210-872-4751     Fax: 210-521-4734
rosalynb@satx.rr.com

Please call or email if you have any questions and thank you for applying before July 2, 2008!