

**THE PHILOMATHEON SOCIETY OF THE BLIND, INC.
ANN BLACK SCHOLARSHIP GRANT**

NAME OF APPLICANT: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ best contact number(home/cell/etc)

PARENTS'S NAMES: _____

HIGH SCHOOL ATTENDED: _____

PRINCIPAL'S NAME: _____

COUNSELOR'S NAME: _____

CAREER INTERESTS: _____

ACADEMIC INTERESTES: _____

EXTRA-CURRICULAR ACTIVITIES: _____

COLLEGE OF CHOICE OR TECHINAL
SCHOOL: _____

ALREADY ACCEPTED: YES _____ NO _____

PLEASE USE REVERSE SIDE OF APPLICATION TO WRITE A PARAGRAPH ABOUT YOUR GOALS
FOR THE FUTURE AND WHY YOU FEEL YOU QUALIFY FOR THIS GRANT:

PLEASE ENCLOSE THE FOLLOWING:

1. Transcript of high school grades
2. Letters of recommendation from principal and counselor
3. Copy of letter of acceptance by college or technical school, if already accepted
4. Letter from your ophthalmologist stating visual disability

MAIL TO: The Philomatheon Society of the Blind
2701 Tuscarawas Street W
Canton, Oh 44708

**THIS APPLICATION MUST BE RETURNED TO THE PHILOMATHEON SOCIETY BY:
February 15, 2021**