

**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, 2019**