

POULSON FAMILY SCHOLARSHIP APPLICATION

(Must be typewritten or computer printed.)

I. Personal Data

Name:

Street address: City: State

Zip:

Daytime phone number:

Evening phone number: _____

E-mail address:

Social Security Number:

Date of birth: (day,
month, year)

U.S. Citizen?

Yes ()

No ()

(If you're filling this out on the computer, you can just delete the incorrect answer.) If
no, give alien registration card number:

II. Educational Background

Part A:

1. School in which presently enrolled:

City (in which school is located):

State:

2. Cumulative grade point average (based on a 4.0 scale):

3. Major:

Full or Part time?

Degree presently seeking (BS, MA, etc.): Date
degree expected:

4. Answer this question ONLY if the information is different from that given in questions 1 through 3.

List the school you plan to attend in the fall:

City:

State:

Major:

Full or Part time?

Degree you plan to seek (BS, MA, etc.):

Date degree expected:

Note: If you are entering this school as a freshman or a transfer student, proof of acceptance must be included with your application.

Part B:

List any other secondary or post-secondary schools you have attended (include additional typed sheets if necessary):

Name of school:

City in which it is located:

State in which it is located:

Dates attended from month/year _____ to month/year _____ Cumulative grade
point average (based on the 4.0 scale):

Major:

Degree or certificate received, if any (high school diploma, AA, BA, etc.):

Name of school:

City in which it is located:

State in which it is located:

Dates attended from month/year _____ to month/year _____ Cumulative grade
point average (based on the 4.0 scale):

Major:

Degree or certificate received, if any (high school diploma, AA, BA, etc.):

III. Test Record Information

1. If you are or will be a college freshman, include scores for either or both of the following tests:

A. ACT:

(1) Date tested:

(2) Composite score: B. SAT:

(1) Date tested:

(2) Composite score:

2. for entering graduate students, (Include scores from any tests such as GRE, GMAT, LSAT, etc.):

Test:

Date tested:

Composite score:

IV. Work Experience

List any full time or part time work experience. Indicate whether this was summer employment or during the school year.

- 1.
- 2.
- 3.
- 4.
- 5.

V. Extracurricular Activities

List major activities (school, religious, community--e.g., sports, organizations of the blind, recreation, etc.) Include extent to which you have played a leadership role.

- 1.
- 2.
- 3.
- 4.
- 5.

Part 2 Scholarship for the required document to be completed by an ophthalmologist, optometrist, or agency serving the blind.

Send the completed form via E-mail to ucb.board@gmail.com

Or mail to: Utah Council of the Blind

1301 West 500 South

Woods Cross, UT 84087

