

**SOUTHWEST FLORIDA COUNCIL OF THE BLIND
P.O. BOX 151922
CAPE CORAL, FLORIDA, 33915**

Lois A. Kilgore Memorial Scholarship Application

This application, along with all supporting documents must be submitted by email no later than May 1, 2019.

Answers should be typed under or next to each question.

STUDENT INFORMATION

Name:

Address:

City/State/Zip:

Home Phone:

Cell Phone:

Email Address:

Date of Birth:

Education:

Name of school in which you are enrolled or from which you have recently graduated:

School Address:

City/State/Zip:

Guidance Counselor name:

Guidance Counselor Phone:

FUTURE ACADEMIC GOALS:

Below, please describe your future goals. Include the following.

1. Name of higher learning institution at which you have been accepted;
2. Degree or certification you are hoping to achieve;
3. How do you anticipate this scholarship will help you achieve this goal.

OTHER AUTOBIOGRAPHICAL INFORMATION:

Below, please write a short Autobiographical summary. This should include work experiences, extracurricular Activities, community organizations to which you belong, any volunteer work you have performed and awards you have received. Please use as much space as needed.