

**Personal Data**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Email: \_\_\_\_\_

**Educational Background**

List any undergraduate school you have attended.  
(If more than one, attach separate sheet)

Name of Institution: \_\_\_\_\_

State: \_\_\_\_\_

Cumulative Grade Point Average (based on a 4.0 scale): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_(mo/yr) To: \_\_\_\_\_(mo/yr)

Degree or Certificate Received: \_\_\_\_\_(type & date)

List any graduate or post-graduate school you have attended.  
(If more than one, attach separate sheet)

Name of Institution: \_\_\_\_\_

State: \_\_\_\_\_

Cumulative Grade Point Average (based on a 4.0 scale): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_(mo/yr) To: \_\_\_\_\_(mo/yr)

Degree or Certificate Received: \_\_\_\_\_(type & date)

Educational Institution attending: \_\_\_\_\_

State: \_\_\_\_\_

Cumulative Grade Point Average (based on a 4.0 scale): \_\_\_\_\_

Major: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Number of credit hours completed \_\_\_\_\_

Degree/Certificate Sought: \_\_\_\_\_ Date Degree Expected: \_\_\_\_\_

Educational Institution which you plan to attend next year (if different from above):

\_\_\_\_\_

State: \_\_\_\_\_ Major: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Degree/Certificate Sought: \_\_\_\_\_ Date Degree Expected: \_\_\_\_\_

**Professional Experience**

(List last 5 years of employment beginning with current or most recent employer)

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

**Other Scholarships**

Please list other scholarships, which you have received and note date awarded.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be living on-campus? YES \_\_\_ NO \_\_\_

Please include a short essay detailing the following:

1. Why you have chosen the field or course of study you are pursuing
2. The population you wish to work with (children, adults, or elderly persons)

For the application to be complete, you must:

1. Include proof of acceptance and enrollment to educational institution
2. Provide 2 reference letters (one from professional reference and one educational reference)
3. Include copy of transcript with minimum of 3.0 grade point average
4. Provide requested dollar amount: \$\_\_\_\_\_
5. Provide detailed account of expenses (tuition, books, room & board)
6. Please provide literature/information describing the certificate or degree you are pursuing.

**\* LHB will not reimburse students for prior expenses. This includes classes already completed or currently in process.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:

**Lighthouse for the Blind**

**Attn: Angie Yorke**

**10440 Trenton Avenue**

**St. Louis, MO 63132**



*Lighthouse for the Blind  
Professional Career Development  
Scholarship Application*

*Please Note: To be considered for a scholarship, applications must be complete with all corresponding materials. Applications that are not complete will not be considered. Scholarships will be given on a first-come first-serve basis.*