

LIGHTHOUSE FOR THE BLIND CONTINUING EDUCATION PROGRAM APPLICATION

Award Distribution:

Applicants must meet criteria for being legally blind to qualify for this scholarship.

Awards will be granted to the recipient after the completed application is reviewed and accepted. The student must be enrolled full time (12 credit hours if college level while maintaining 2.0 GPA-exceptions may be granted on the course load). The award may be used toward tuition, fees, room and board, books, adaptive equipment, training (such as life skills, mobility, etc).

This grant is not intended to replace school district funding required under IDEA, 504 or funding provided by Rehab Services for the Blind. Equipment will typically be for home use and/or use in the community.

IDEA 2004 requires IEP teams to consider the assistive technology needs of all children with disabilities. (20 U.S.C. 1414(d)(3)(B)(v))

The IEP team makes decisions about assistive technology devices and services based on your child's unique needs so that he can be more confident and independent. The law requires schools to use assistive technology devices and services "to maximize accessibility for children with disabilities." (20 U.S.C. 1400(c)(5)(H))

If the IEP team determines that your child needs assistive technology devices and services, the school district is responsible for providing these and cannot use lack of availability or cost as an excuse.

(LHB CONTINUING EDUCATION PROGRAM). Participation in this program does **not** impact participation in other LHB supported programs. (The programs are all mutually exclusive of each other.)

To apply, please complete this application form . Send the application along with all required attachments to: Lighthouse for the Blind, 10440 Trenton Avenue, St. Louis, MO 63132.

If applying for **scholarship** monies, please complete sections A and B. If applying for **any other aid** (such as adaptive equipment, computer software, life skills training, Braille training, etc), complete Sections A and C.

There is a finite amount of funding for this program. When the funding is exhausted, there will be no further awards granted against this program

If you are awarded a scholarship and live outside of St. Louis we may ship the items purchased to your home. If items are delivered to your home and you do not receive them, the Lighthouse for the Blind will not be held responsible and items will NOT be purchased again.



SECTION A - GENERAL

Date: _____

Name: _____

Parents Names: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Parent e-mail address: _____

Date of Birth: _____ Current Grade Level: _____

Name of School attending currently: _____

Graduation Date (if High School): _____

School Address: _____

Vocational Goal: _____

Cumulative High School Grade Point Avg (if in High School): _____

Year Graduated or expecting to graduate (if applicable): _____

Preferred Reading Medium: Braille Large Print
 Regular Print Electronic

If you are currently working with a Rehab Services for the Blind counselor, please list their name and contact information:

Who referred you to this program? How did you hear about it? _____

SECTION B – College Expenses Reimbursement

Complete if need is for funding for tuition, room and board, other college expenses, etc). Skip to Section C if not applying for college tuition.

Name of College/University: _____

Counselor/Advisor Name: _____

Stated Major: _____

Desired Degree: _____

Vocational Goal: _____

Amount of Money Requested: _____

List any other institution you have received a scholarship from for this request: _____

SECTION C – EQUIPMENT OR TRAINING

Complete if need is for adaptive equipment (Braille equipment, software, computer, etc.) or specialized training.

Any technology that you are applying for must be used on a trial basis before requesting (MO Assistive technology loan program). A teacher of students with visual impairments that assists with the trial must write a recommendation letter detailing the trial period with dates of when trial occurred and the benefits that the student will receive from using this equipment at home (attach to this application).

I would like to acquire the following equipment: _____

Reason or Purpose: _____

I would like to acquire the following Training: _____

Reason or Purpose: _____

Vendor or Supplier or Service Provider: _____

List all devices/adaptive resources that the school district is providing for you:

This section to be completed by a teacher of students with visual impairments if technology is being requested.

The requested device or equivalent device is provided in the school environment but cannot be taken home. Correct Cannot be taken off school property

Have you borrowed the equipment for a trial period? Yes No

Did you borrow the equipment from MO Assistive Technology? Yes No

List all devices that have been trialed. Briefly decide how this device was selected for permanent use:

Did you apply for MO Assistive Technology reimbursement? Yes No

Signature: _____

Print Name: _____

Title: _____

Email: _____

Phone: _____ Date: _____

APPLICANT- PLEASE ENCLOSE THE FOLLOWING INFORMATION

1. Completed application

2. Autobiographical summary

No longer than two double-spaced pages. Include the following in this order:

1. Personal Goals.
2. Achievements, honors, hobbies, leadership qualities not noted above.
3. Adaptive equipment and media used (if blind) such as Braille, computers, magnifiers, etc.

3. Copy of Individualized Education Plan (IEP) (detailing Assistive Technology that is recommended).

4. Certified transcripts from the school you are currently attending or have most recently attended – **High School or above only.**

Complete additional questions A-D if your funding request is for college or vocational schooling (i.e. tuition) only. If not, please move on to # 5.

- A. Field of Study and why (if request is for college or vocational school funding only)
- B. Your strategy to succeed in your future course of study.
- C. If blind, orientation/mobility and independent living skill abilities and strategies to achieve independence in a college environment if applying for college funding only)

D. Anything else you feel is relevant or qualifies you for this award.

5. A copy of the Vision Assessment to include acuity and field of vision.

6. Two letters of recommendation from a current or recent instructor, career counselor, employer, community leader, service provider (such as Mo. Rehab Services, St. Louis Society for the Blind), parent, etc. One must be from a non-relative.

7. Authorization and Release of Information Form – SEE NEXT PAGE

8. Sign Below

Applicant's Signature Date

Parent's Signature if Applicant is under 18yrs of age Date

