**Overview**

The Chicago Lighthouse Scholarship Program was established in the spring of 2004. This program is supported by generous donors to The Chicago Lighthouse in order to provide opportunities for individuals to help achieve educational goals that might otherwise be out of reach.

Scholarships are awarded to college and graduate students who are blind or visually impaired, have a primary residence in Illinois or attend school in Illinois, and exhibit financial need.

The Scholarship Committee encourages the use of awarded funds for payment toward education-related expenses that are not typically covered by traditional scholarships, as well as costs that are more traditional. These expenses may include the cost of assistive technology and tools (such as computers and software), reading services, tuition, textbooks and classroom materials, on-campus housing, and other educational items, if approved by the Scholarship Committee.

Please note: you must be able to attend the scholarship ceremony in order to receive a scholarship.

**Scholarship Information**

In 2016, the individual scholarship amounts ranged from $1,000 to $5,000. The Lighthouse awarded over $76,000 in scholarships last year to 38 individuals who are blind or visually impaired pursuing a degree in higher education.

Commencing in the academic year 2017-2018, you will be eligible to apply only if your primary residence is in Illinois or you attend school in Illinois. If you do not fulfill one of these two requirements, then you will not be eligible to receive a scholarship through this program.

**About The Lighthouse**

The Chicago Lighthouse is a world-renowned social service organization serving the blind, visually impaired, disabled and Veteran communities. Recognized as a pioneer in innovation since 1906, The Chicago Lighthouse provides vision rehabilitation services, education, employment opportunities and assistive technology for people of all ages.

**Additional Information**

The Scholarship Program coordinator facilitates scholarship expenditures and is available to assist recipients with payment and reimbursement requests. There is an awards ceremony in the summer of 2017 that scholarship recipients are required to attend at The Chicago Lighthouse, 1850 West Roosevelt Road, Chicago, IL 60608. That date will be forthcoming and will be announced on the website this spring.

To qualifyfor a Chicago Lighthouse scholarship, the applicant must be either visually impaired, legally blind, totally blind or any of these with an additional disability. The Chicago Lighthouse recognizes the World Health Organization (WHO) classifications of these terms, which are defined as follows:

Visually Impaired: Having a best corrected visual acuity of 20/70 or worse in the better eye.

Legally Blind: Having a best corrected visual acuity of 20/200 or worse in the better eye, or a visual field of less than 20 degrees.

Totally Blind: Having a best corrected visual acuity of 20/400 or worse in the better eye, or a visual field of less than 10 degrees.

Multi-Disabled: Meeting one of the above vision-related criteria with the presence of an additional documented disability, such as a physical disability, deafness, cognitive impairment or chronic health condition.

All applicants must provide physician documentation dated within six months of the application supporting one of the above impairments in order to be eligible for consideration of a scholarship award.

**Scholarship Application Instructions**

**APPLICATION:**

**Applications are accepted via e-mail ONLY. Only approved supplements will be accepted by regular mail**.  See the mailing address below for submission of the supporting documents.  Incomplete forms will not be processed and considered for review.  Do not leave any questions blank as all of your information is important for your consideration.

**PROOF OF ENROLLMENT:**

All candidates will need to provide proof of enrollment, such as a copy of a class schedule or a letter from the registrar, if awarded a scholarship, prior to the disbursement of any funds.

**The deadline for application for the 2017-2018 Chicago Lighthouse Scholarship Award is March 31, 2017 by 5 p.m.** The Scholarship Committee will review all applications and select recipients. Applicants will be notified no later than June 9, 2017.

Please submit your completed application to:

Maureen Reid, Scholarship Coordinator

[maureen.reid@chicagolighthouse.org](mailto:maureen.reid@chicagolighthouse.org)

(312) 666-1331 ext. 3655

**In addition to meeting the eligibility requirements set forth above, you must have submitted ALL of the following documents with your application:**

**Application Check List:**

Completed Application (please send as a separate Microsoft Word attachment)

Personal Essay (please send as a separate Microsoft Word attachment)

Financial Statement of Need (please send as a separate Microsoft Word attachment)

Two (2) Letters of Recommendation (please have the individuals writing the letters of recommendation send to the scholarship coordinator’s email [maureen.reid@chicagolighthouse.org](mailto:maureen.reid@chicagolighthouse.org) as a Microsoft Word attachment)

Eye Report (this document mustbe mailed to the scholarship coordinator)

Official transcripts from the school you are currently attending (this document must be mailed)

Please submit all hard copy documentation to:

Maureen Reid, Scholarship Coordinator

The Chicago Lighthouse

1850 W. Roosevelt Road

Chicago, IL 60608

**The Chicago Lighthouse Scholarship Application**

**Please either write your response or check one box ONLY. If you are unable to check a box, put an X on the left edge of the option to indicate your selection.**

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

I am a new scholarship applicant

I have received a Lighthouse scholarship previously

Date(s) scholarship received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can receive a scholarship for up to four years in a row, and then must take a one year break before reapplying.

\_\_\_\_\_ I understand this year’s scholarship ceremony is scheduled for the summer of 2017 at 1 p.m. Exact date will be announced shortly on the website. (Please check the box and put your initials on the line to signify your understanding and agreement to attend the ceremony.)

If awarded a scholarship, I will attend. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First and last name)

**I want to be considered for:** (CHECK ONE BOX ONLY)

**Undergraduate Scholarship** (minimum recommended overall GPA 3.0)

Freshman (Fall 2017)

Sophomore (Fall 2017)

Junior (Fall 2017)

Senior (Fall 2017)

**Graduate School Scholarship** (minimum recommended overall GPA 3.0)

**Non-Traditional Student Scholarship**

Eligibility is restricted to those who have been out of school for a minimum of three (3) years prior to reentry. Recipients may be entering any undergraduate or graduate programs including Doctoral Studies.

**Vocational Scholarship** (minimum overall GPA 2.5)

* + Student who will be enrolled at a trade or vocational school for higher education in fall 2017.
  + A few top scoring recipients will be selected.

**1. Personal Information**

Name:

Address:

City: State: Zip:

Phone: Mobile:

Email: Date of birth:

**Type of visual impairment (please check one box; if you are unable to check a box, put an X on the left edge of the option to indicate your selection):**

Visually Impaired

Legally Blind

Totally Blind

Visually Impaired / Blind / Multi-Disabled

**2. School you plan to attend in the fall of 2017:**

Name of School:

Address:

City: State: Zip:

Have you been admitted to this institution?

Yes  No

If no, when do you expect to be accepted?

Expected major / area of concentration?

Full-time  Part- time

Degree / certificate sought:

Date degree expected: Month Year

**Degree sought (please check one box; if you are unable to check a box, put an X on the left edge of the option to indicate your selection):**

Technical Certificate

Associates

Bachelors

Masters

Doctorate

Other (please specify)

Please explain below any scholarships, academic honors, awards, accommodations, etc. you have received. Cite date and explain recognition for each.

Major / area of concentration:

Full-time  Part- time

Cumulative GPA: \_\_\_\_\_\_\_\_\_\_ on a 4.0 scale or \_\_\_\_\_\_\_\_\_\_on 5.0 scale

Is this GPA weighted?

Yes  No

Degree/certificate awarded:

**3. Employment experience**

Are you working at this time?

Full-time  Part- time

Where and in what capacity?

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

What work experience have you had in the last five years?

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

**4. Anticipated Costs**

What are your anticipated costs (assistive technology and tools, reading services, tuition, fees, room, board, etc.) per semester/quarter?

What funding sources have you explored?

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

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

How much support do you anticipate receiving?Please be as detailed as possible.

|  |  |
| --- | --- |
| **Source** | **Amount Anticipated** |
| DHS / Dept. of Rehab Services (DRS) |  |
| Loans |  |
| Family |  |
| Employment |  |
| Sponsors other than The Chicago Lighthouse |  |
| Other (please specify) |  |

**5. Anticipated use of scholarship money, if awarded (please check all boxes to indicate your answers):**

|  |  |  |
| --- | --- | --- |
| **Item** | **Fall 2017** | **Spring 2018** |
| Assistive tools / technology |  |  |
| Reading services |  |  |
| Tuition |  |  |
| School fees |  |  |
| Textbooks, course materials |  |  |
| On-campus housing |  |  |
| On-campus meals |  |  |
| Other |  |  |

**6. Essays**

Your essays should be a minimum of one page, double-spaced, and not to exceed two pages in length.

1. *Personal Essay*

Please write an essay about your visual impairment, your background, educational and career goals, and how this scholarship will help achieve those goals. Include academic and/or activity achievements and grade point average.

1. *Financial Statement of Need*

Please describe in detail your economic need and how you plan to use the scholarship, should you be awarded. You need to be as specific as possible in order to receive a scholarship award. This part of your application is heavily weighted in your application consideration.

**7. Eye Report**

**Vision Information**

Please see the final page of this application to provide the document needed to be completed and signed by your eye specialist. It must be submitted as part of your Scholarship Application.

Previous scholarship recipients **must** submit a current vision report from within the last six months, regardless of whether we have one on file from the previous year.

I, the undersigned, certify that the information set forth in this application is true and correct.

Signature: Date:

(Please type your name)

**EYE SPECIALIST:** Please complete the following information.

Patient Name:

Date of Birth:

Primary Ocular Diagnosis:

Additional Diagnoses:

**Visual Acuities (with best correction)** **Visual Field (with best correction)**

OD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This individual is considered:**

Visually Impaired (best corrected visual acuity of 20/60 or worse in the better eye)

Legally Blind (best corrected visual acuity of 20/200 or worse in the better eye or a visual field of less than 20 degrees)

Totally Blind (best corrected visual acuity of 20/400 or worse in the better eye or a visual field of less than 10 degrees)

Visually Impaired / Blind and Multi-Disabled (meeting one of the above vision related criterion with the presence of an additional documented disability, such as a physical disability, deafness, cognitive impairment or chronic health condition)

Physician / Eye SpecialistName:

Address:

City: State: Zip:

Phone number: Email:

Signature: Date: