



THE LITTLE ROCK FOUNDATION

1 Pembroke Drive, Voorhees, NJ 08043
(877) 220-2500 - FAX (856) 768-2209
www.tlrf.org

2010 SCHOLARSHIP APPLICATION

The Little Rock Foundation is a non-profit, volunteer organization dedicated to improving the quality of life of blind and visually impaired children. The scholarship program was established to enable those less fortunate blind or visually impaired students to attend the college of their choice and allow them the educational opportunity to be the best they can be.

The Little Rock Foundation Scholarships are presented to blind and visually impaired students who will be attending an undergraduate program during the 2010-2011 school year. Students will be awarded a \$1,000.00 scholarship. The scholarships will be granted in recognition of extraordinary leadership, scholarship, enterprise and service to others. The 2010 scholarship winners will be chosen and notified by May 22, 2010. The scholarships will be given directly to the College or University.

- The Little Rock Foundation currently funds the following programs:
- Family Resource Centers
 - Wills Eye Hospital, Philadelphia, PA*
 - Children's Hospital of Philadelphia, Philadelphia, PA*
- Scholarship Program
- Camp Little Rock
- Family Holiday Party
- Outreach Program
- Website/[**www.tlrf.org**](http://www.tlrf.org)

ELIGIBILITY REQUIREMENTS

To be eligible for consideration, candidates must meet ALL criteria.

1. Be legally blind in both eyes.
2. Have an overall academic average of 3.0 or more on a 4.0 school (or the equivalent average if not computed on a 4.0 scale)
3. Participate in at least two extra-curricular or community activities.
4. Be a resident of Delaware, New Jersey or Pennsylvania
5. Be registered with your state agency that serves the blind and/or visually impaired.

INSTRUCTIONS

Candidates who meet the eligibility criteria must mail the following **COMPLETED** documents to:

The Little Rock Foundation
1 Pembroke Drive
Voorhees, NJ 08043
Attention: Scholarship Committee.
(The envelope must be postmarked by May 1, 2010)

- **Personal Application** – You may download a application on our website at www.tlrf.org (Scholarship)
- **Certification of Visual Status** to be completed by an Ophthalmologist, Optometrist, Physician, Agency Executive Serving the Blind.
- **Verification of Application from State Agency** to be completed by a counselor of the state agency who serves the blind.
- **Two Referral Forms**, which must be completed and signed by teachers, school administrators, or leaders of community groups who know the candidate and evaluate performance in a classroom and/or during extracurricular activities.
- **Essay(s)**
- **Official High School Transcripts**
- **Proof of Acceptance from a College/University.** Entering and transferring students must submit a notice or letter from the admissions office certifying acceptance or consideration for admission. Students continuing at the same college/university attending during 2009/2010 do not need to submit this document.
- **A Signed Statement**, completed by the candidate.

PERSONAL APPLICATION

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ (Please check) Male _____ Female _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Cell: () _____

Email: _____

EDUCATIONAL BACKGROUND

High School

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Cumulative grade point average (Based on 4.0 scale) _____

Graduation Date: _____

College/University you plan to attend in Fall 2010:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Major: _____

Test Record Information

ACT: Date Tested: _____ Composite Score: _____

SAT: Date Tested: _____ Composite Score: _____

SAT II Subject: Date Tested: _____ Composite Score: _____

OTHER: (GRE, GMAT, LSAT, etc.) Please Specify _____

Date Tested: _____ Composite Score: _____

Other

Please list all Scholarships, Grants or Awards of monetary value previously received
(Attach list if necessary):

Honors, awards and honorary society memberships (Attach list if necessary):

Special achievements like scholarships or talents – (Attach list if necessary):

Vocational goal and/or career aspirations:

Extracurricular and Community Activities

In the space below list two of your extracurricular school activities and one religious community, sports, organizations of blind (etc) activity. Provide a brief explanation of your role in the group.
(Attach additional information if necessary)

WORK EXPERIENCE

In the space provided, list any full-time or part-time work experience. Indicate whether this was summer employment or during the school year. Begin with the most recent. (Attach additional information if necessary)

Work Place: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Last Employment: _____

Part time _____ Full time _____ Summer only _____

Position: _____

Work Place: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Last Employment: _____

Part time _____ Full time _____ Summer only _____

Position: _____

Work Place: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Last Employment: _____

Part time _____ Full time _____ Summer only _____

Position: _____

ESSAYS

*Provide an individual essay for each statement below.
Essays must be typed with your name on each page*

- 1) Please provide The Little Rock Foundation with an autobiographical sketch of no more than (2) double-spaced typewritten pages containing information about you. Tell us about your personal goals, strengths, weaknesses, hobbies, honors, achievements, etc. You must include the field of course of study you are pursuing and explain why you have chosen it. You may want to include other personal and/or professional aspirations.
- 2) Since the scholarship is restricted to blind and visually impaired, the committee is interested in what techniques and approaches you personally practice concerning your visual impairment and blindness. In overcoming your personal challenges, please detail those in one (1) double-spaced typewritten page.

STATEMENT

Your signature constitutes a pledge that this statement is entirely your own work.

Signing this form gives The Little Rock Foundation permission to use the information you provided in this application, as well as photographs of you, for publications, publicity and fundraising materials.

By signing this statement, you will agree to attend The Little Rock Foundation awards dinner at Joe Palombo's Mirabella Café on June 9, 2010. ***You must be present to receive your scholarship award.***

Signature: _____ Date: _____

VISUAL STATUS

What is your specific disability?

Totally Blind _____ Legally Blind _____

Cause of visual impairment:

At what age did you become legally blind? _____

Was your loss of vision sudden _____ or gradual _____

Visual Acuity: Right Eye _____ Left Eye _____

Visual Field: Right Eye _____ Left Eye _____

Please indicate all of the methods you use for mobility:

Cane: _____ Guide Dog: _____ Sighted Guide: _____

Other (Specify) _____

Please indicate all of the methods you use for reading:

Tape: _____ Braille: _____ Computer Screen Reader: _____

Programs/E-test I.J. _____

Other (Specify) _____

Please indicate all the assistive devices you use:

Optical Character Scanner _____ Closed Circuit TV _____

Computer Screen Enlarger Program _____ Electronic Braille Devise _____

Other Low Vision Aids (Specify) _____



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CERTIFICATION OF VISUAL STATUS

*(To be completed by an Ophthalmologist, Optometrist, Physician,
State Agency Executive Serving the Blind.)*

The following applicant is applying for a scholarship from The Little Rock Foundation. Please send a letter certifying that you know the applicant and that he or she is legally blind in both eyes. Please include the following information:

Applicant's Name _____

Applicant's Visual Acuity and Field _____

Your Name and Title _____

Name of your practice or agency _____

Address _____

Phone _____ Signature and Date _____



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VERIFICATION OF APPLICATION FROM STATE AGENCY

(To be completed by a counselor of the state agency, which serves the blind)

This form is to ensure that this student is registered with a state agency who serves blind and visually impaired individuals.

Please fill out the form and return to The Little Rock Foundation Scholarship Committee. This certifies that the applicant is registered with your agency. **This form must be post marked by May 1, 2010.**

PLEASE TYPE OR PRINT CLEARLY

Applicants Name: _____

State Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Counselor's Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____



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REFERRAL FORM PLEASE TYPE OR PRINT CLEARLY

Applicants Name: _____

Name of teacher, administrator or leader: _____

Name of school or organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

The student whose name appears above is applying for a scholarship from The Little Rock Foundation. The scholarship will be presented in recognition of extraordinary leadership, scholarship, enterprise and service to others. Since so many of our applicants present strong credentials, a recommendation from you offering specific information about the accomplishments and qualifications of the applicant will be most helpful to the selection committee in its evaluation.

Your estimation of the applicant's performance, intellectual promise and personal qualities will be carefully reviewed. If you are aware of contributions the application has made to the school or community, please comment on his/her talent, dedication and effectiveness.

Please simply attach this signed form to a letter with the school's or your organization's letterhead. The signed form and reference letter must be postmarked by May 1, 2010.



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TERMINATION POLICY

The undersigned agrees that if for any reason the scholarship recipient does **NOT** remain in the selected College/University, the College/University is responsible to return any non-allocated money back to the Little Rock Foundation at the above address within 60 days.

Name of College/University

College/University Financial Representative

Date

Name of Scholarship Recipient

Signature of Scholarship Recipient

Date