



244 North Queen Street  
 Lancaster, PA 17603  
 717.393.5894  
 www.sabvi.com

<b>CONTACT INFORMATION</b>		
Applicant Name:		
Address:		
City:	State:	Zip
Phone 1:	Phone 2:	
Email:	Fax:	

<b>ACADEMIC HISTORY</b> (Highest level achieved)		
School:	City:	
Degree:	Year:	QPA:

<b>PROGRAM INFORMATION</b>
<p><i>I am applying for the following scholarship program (check one):</i></p> <ul style="list-style-type: none"> <li><input type="radio"/> The Susquehanna Post-Graduate Scholarship</li> <li><input type="radio"/> The Red Rose Scholarship</li> <li><input type="radio"/> The Trustees' Scholarship</li> <li><input type="radio"/> The Lancaster Scholarship</li> <li><input type="radio"/> The Patterson Family Scholarship</li> </ul>
<p><i>I am seeking the following degree, diploma, or certification (check one):</i></p> <ul style="list-style-type: none"> <li><input type="radio"/> Technical Degree or Certificate in:</li> <li><input type="radio"/> Associate's Degree in:</li> <li><input type="radio"/> Bachelor's Degree in:</li> <li><input type="radio"/> Master's Degree in:</li> <li><input type="radio"/> Doctorate in:</li> <li><input type="radio"/> Law Degree in:</li> <li><input type="radio"/> Other (Attach Description)</li> </ul>

Susquehanna Foundation for the Blind

Scholarship Application

Applicant's Name: \_\_\_\_\_

*My career goal upon completion of this program is:*

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**EDUCATIONAL INSTITUTION**

Website: _____			Program URL: _____		
Address: _____					
City: _____		State: _____		Zip: _____	
Admissions Contact: _____					
Phone: _____			Email: _____		

**BUDGET**

<i>Total anticipated expenses:</i>	
<input type="radio"/> Tuition \$ _____	
<input type="radio"/> Books \$ _____	
<input type="radio"/> Computer \$ _____	
<input type="radio"/> Adaptive \$ _____	
<input type="radio"/> Other (specify fully on a separate sheet if necessary) \$ _____	
<i>Amount requested:</i>	
<input type="radio"/> Tuition \$ _____	
<input type="radio"/> Books \$ _____	
<input type="radio"/> Computer \$ _____	
<input type="radio"/> Adaptive \$ _____	
<input type="radio"/> Other (specify fully on a separate sheet if necessary) \$ _____	
<i>Total Request: \$ _____</i>	

Susquehanna Foundation for the Blind

Scholarship Application

Applicant's Name: \_\_\_\_\_

*Additional sources of support (check those that apply, and amounts):*

- Earned Income
- Family Support
- Other Grants or Scholarships (Identify institutions and amounts):

*Information provided on this form is intended to provide a brief overview of the applicant and his or her plans. A completed form does not meet the requirements set forth in the scholarship guidelines.*

*I certify that the information contained in this application and its attachments is complete and accurate to the best of my knowledge.*

*I further certify that I understand that if I do not meet the terms of an award resulting from this application that I will forfeit all funds and return them immediately to the Susquehanna Foundation for the Blind.*

*Applicant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*If the applicant is a minor:*

*Parent or Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_