

**JAMES DOYLE CASE MEMORIAL SCHOLARHIP**  
**Awarded by the Mississippi Council of the Blind**

I. PERSONAL DATA

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Summer Address & Phone Number (if different from above):  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ ( ) Male ( ) Female

II. VISUAL STATUS OF QUALIFYING PERSON (Note: *Legal blindness is defined as (1) not more than 20/200 central visual acuity in the better eye with correcting lenses, or (2) a limitation to the field of vision in the better eye to such a degree that its widest diameter subtends an angle of no greater than 20 degrees.*)

A. Visual Acuity: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_  
Visual Field Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

If the person with the visual impairment is someone other than the applicant, please provide the following information:

NAME: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

III. EDUCATIONAL BACKGROUND

A. Entering College Freshmen Only, High School currently attending

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

City and State: \_\_\_\_\_

Cumulative grade point average (GPA) (based on 4.0 scale): \_\_\_\_

B. Students Currently enrolled in College or Vocational School

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

City and State: \_\_\_\_\_

Cumulative grade point average based on 4.0 scale: \_\_\_\_\_

Cumulative hours of credit earned: \_\_\_\_\_

Date Degree is expected: \_\_\_\_\_

Degree: (BA, BS, MS, MA, etc): \_\_\_\_\_

Major(s): \_\_\_\_\_

C. School you plan to attend in the fall. Note: *Proof of acceptance must be included with application materials. If you will not be notified of acceptance by the time you submit this application, please indicate the date you expect to receive notice from the school(s):*

1<sup>st</sup> Choice: Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Major and Degree: \_\_\_\_\_

Date degree expected: \_\_\_\_\_

2<sup>nd</sup> Choice: Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Major and Degree: \_\_\_\_\_

Date degree expected: \_\_\_\_\_

D. Previous secondary schools and/or post-secondary college attended if applicable (include additional typed sheets if necessary).

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

City and State: \_\_\_\_\_

Dates (mo./year) attended: From \_\_\_\_\_ To \_\_\_\_\_

Cumulative grade point average (based on 4.0 scale): \_\_\_\_\_

Major and Degree or certificate received (if applicable): \_\_\_\_\_

IV. TEST RECORD INFORMATION (Copies of scores must be attached.)

( ) ACT Date tested: \_\_\_\_\_ Composite Score: \_\_\_\_\_

( ) SAT Date tested: \_\_\_\_\_ Composite Score: \_\_\_\_\_

( ) SAT II Subject

Date tested: \_\_\_\_\_ Composite Score: \_\_\_\_\_

( ) Other (GRE, GMAT, LSAT, etc) specify: \_\_\_\_\_

Date Tested: \_\_\_\_\_ Composite Score: \_\_\_\_\_

VI. **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.

VII. **EXTRACURRICULAR ACTIVITIES**

A. Are you a member of the Mississippi Council of the Blind?

Yes       No

B. In the space below, list your extracurricular activities (school, religious, community, sports, organizations of the blind, recreation, etc.) Include the extent to which you have played a leadership role.

May we refer this application to another source of possible scholarship aid in the event we do not award a scholarship to you?  Yes  No

**I CERTIFY BY MY SIGNATURE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE AND THAT THE QUALIFYING PERSON IS LEGALLY BLIND IN BOTH EYES.**

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**Applicant's Signature**

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**Date**