



California Transcribers & Educators for the Blind and Visually Impaired DONNA COFFEE YOUTH SCHOLARSHIP APPLICATION

CTEBVI sponsors the Donna Coffee Youth Scholarship annually, in honor of Donna's exceptional service to our organization and to the visually impaired community. The award is to be used to promote the academic and social development of K-12 students. The prize, worth up to \$1,000.00 (annually), will be awarded to one or more successful candidate(s).

Eligibility

- K-12 students who are blind or visually impaired (sorry, no college or post-secondary applicants).

Application Requirements

The application deadline is April 2, 2021 (Postmarked deadline if sending via snail mail: April 2, 2021. You must submit all of the materials as listed below to be considered. Late or incomplete proposals will not be considered.

1. Completed application form and students essay* (parts I-V).
*Student's essay may be submitted in a primary reading medium (i.e., braille, large print or audio format).
2. Letter of support from nominating educator, TVI, O& Instructor and/or school administrator (i.e., one letter from each person if there is more than one nominator).
3. Recent photo (can be your school photo) and signed photo release.
4. Parent/legal guardian must approve the application, use of funds and photo release by signing the application/release.

Selection Criteria

The award is used to promote not just academic but social development as well. **Please be aware that scholarships cannot be used towards tuition or books for school or college.** The selection committee will score applicants based on:

- A plan that is compelling, executable and will enhance student's individual growth. (60%)
- A clearly demonstrated need. (30%)
- Quality of content in the overall presentation. (10%)

Duties of Scholarship Recipient(s)

If selected, recipient(s) will be required to:

- With help/cooperation from their TVI or O&M instructor, keep the CTEBVI board and membership updated with their activities as related to their scholarship via written (blog) or video recorded (vlog) correspondence that will be published to the CTEBVI blog/social media accounts with a minimum of one blog/vlog per month.
- Submit a report of the final outcome of their proposal one year after receiving the scholarship (due at the succeeding conference).

How to Submit Application

Please complete the entire application and email, along with supporting attachments (.doc, .docx, .txt, .brf or .PDF only please) to [Jonn Paris-Salb](mailto:jonnp@ctebvi.org) (jonnp@ctebvi.org) **OR** print this form, fill it out and mail with supporting materials to:

Donna Coffee 2021 Youth Scholarship c/o
Jon Paris-Salb
451 45th Street
Sacramento, CA 95819

The application must be postmarked by **Friday, April 2, 2021**. All applicants will receive a receipt of application (via email to their own account or teacher/parent as applicable) as well as the status of their final outcome by **April 15, 2021**.

Please be aware that scholarship recipients must provide a social security number to CTEBVI to receive their award check



PART I: STUDENT INFORMATION

Name: _____

Grade: _____ Student is: Blind Visually Impaired

Home Address: _____

E-mail: _____ Phone Number: _____

PART II: SCHOOL INFORMATION

School Name: _____

Principal/Administrator: _____

School Address: _____

Phone Number: _____ School Website: _____

Nominator: _____ Classroom Teacher TVI O&M Other

Nominator E-mail: _____

Nominator's Signature: _____ Date: _____

As nominator, your signature indicates that you understand your role in helping your student fulfill the duties of their responsibilities should they win the award (see duties of recipients above).

PART III: STUDENT ESSAY

(should not exceed two double-spaced typewritten pages)

Essay may be submitted in the student's primary learning medium (i.e., braille or typed). In your own words, please respond to each of the five areas at a maximum of one paragraph each. Please number each response as follows:

1. In one paragraph, tell the scholarship committee a little bit about yourself.
2. If you are the recipient of the scholarship, what would you like or need to learn?
3. Why did you select the activities or materials? (Activities should match the rationale below in part IV).
4. How will receiving this scholarship help you?
5. Why should you receive this scholarship?



PART IV: AMOUNT REQUESTED RATIONALE

(please fill in the chart and indicate how the money will be used).

ACTIVITY OR ITEM(S) REQUIRED	COST
TOTAL COST (Not to exceed \$1,000.00)	

PART V: PARENTAL APPROVAL

I approve of the Donna Coffee Youth Scholarship Application and the use of funds for the project/Activity that my child has proposed. I am aware that if my child is awarded in excess of \$600.00, I/They are required to provide a social security number to collect funds.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian (please print): _____

Parent/Legal Guardian E-mail: _____



PHOTOGRAPH/VIDEO/AUDIO/DIGITAL IMAGE RELEASE FORM

Photo Release for Persons Under 18 Years of Age

I hereby grant permission to California Transcribers & Educators for the Blind & Visually Impaired (CTEBVI) and its board members/agents the right to use photographs of my child, and or other digital reproduction of him/her or other reproduction of his/her physical likeness for presentation, publication processes whether electronic, print, digital, video, social media or electronic publishing via the internet for educational or editorial purposes only.

I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release CTBVI and its board members and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I have read this release before signing, I understand its contents, and I freely accept the terms. I certify that I am a custodial parent and have the aforementioned rights to assign.

Participant's Name: _____

Parent/Guardian Name (Please print): _____

Signature of Parent/Legal Guardian: _____ Date: _____