



NATIONAL FEDERATION
OF THE BLIND

Live the life you want.

**National Federation
of the Blind of Arizona
Scholarship Application**

Please be certain all fields are complete.

First Name: **Last Name:**

Pronouns?

I prefer to be called:

Home address:

City: **State:** **Zip Code:**

Home phone: **Mobile phone:**

Email address:

**Are you a non-traditional student
(you have returned to college after
time away)?**

School you currently attend:

**Class standing: (Freshman,
Sophomore, Junior, Senior, Grad
Student, etc.)**

Grade point average (GPA):

School you will attend in academic year 2022-2023:

Number of credit hours you expect to enroll in this fall:

State your major:

Vocational goal:

Please submit this completed form, along with the rest of the scholarship packet, according to the directions found at az.nfb.org/scholarship.