



**17 N. State St. - Suite 1050
Chicago, IL 60602
312-236-0808**

2026 SCHOLARSHIP APPLICATION AND INSTRUCTIONS

Welcome to the 2026 Blind Service Chicago (BSC) Scholarship Application process. A BSC Scholarship is a type of financial aid that does not have to be repaid. BSC awards individual scholarships up to \$4,000. In rare cases, scholarships awarded may be higher. The awards are based on your academic record and current financial need.

In addition to your completed typewritten application, you must submit the following:

- 1. Two letters of recommendation from past instructors or others who can attest to your academic or other relevant achievements (these should be sent directly from the person providing the recommendation).**
- 2. A personal statement, in your own words, in which you describe an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others. Reflect on how this experience connects to your goals in education.**

The narrative should be a multi-paragraph statement, typed and double spaced. Recommended length: 350 – 550 words.

You may include anything you feel the Scholarship Committee should know about you. For previous BSC Scholarship recipients, instead of a personal statement you must submit a summary of the past academic year, including an accurate accounting of how last year's scholarship money was spent.

- 3. Official transcripts from your most recent academic institution (these must be sent directly from the school).**
- 4. A recent (within the last two years) eye report from a qualified professional certifying legal blindness.**
- 5. A valid State Identification**

The deadline for submission of completed applications is Monday, April 27, 2026, at 5:00 p.m. Personal interviews with all applicants are required and will be scheduled during May 2026.

An announcement and celebration of scholarship awards will be made in June at BSC's Annual Scholarship Event. Awardees are expected to attend. Failure to do so without a legitimate reason may disqualify you. All decisions made by the Scholarship Committee are final.

Section 1 Personal Data

Name: _____

Street Address _____

City: _____

State: _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Preferred Pronouns: _____

Section 2 - School You Plan to Attend in the Fall

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you been admitted to this institution? _____ Yes _____ No

If no, when do you expect to be accepted: _____

Expected major/area of concentration: _____

Full time _____ Part time _____

Degree/Certificate sought: _____

Date degree expected (month and year): _____

Section 3 - Educational Background (complete only items which apply. Recent high school graduates need only list their current school.)

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Major/area of concentration: _____

Full time _____ Part time _____

Cumulative GPA on a 4.0 scale: _____ on a 5.0 scale: _____

Degree/certificate awarded: _____

Scholarships, academic honors, and/or awards (specify and cite date and reason for each): _____

Name of School: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Major/area of concentration: _____

Full time _____ **Part time** _____

Cumulative GPA on a 4.0 scale: _____ **on a 5.0 scale:** _____

Degree/certificate awarded: _____

Scholarships, academic honors, and/or awards (specify and cite date and reason for each):

Section 4 - Extracurricular Activities

Briefly describe school, community, volunteer, or other activities in which you are or have been involved.

Section 5 – Employment Experience

Are you currently employed? Yes _____ **No** _____

Full time _____ **Part time** _____

Where, and in what capacity: _____

What work experience have you had in the last five years?

Section 6 – Costs

What are your anticipated costs (tuition, fees, room and board) per semester/trimester/quarter? Please provide details.

What funding sources have you explored (loans, family support, employment, awards, grants, scholarships)? Please specify and provide details.

How much support do you anticipate?

IDHS/TANF: \$ _____

Loans: \$ _____

Family Support: \$ _____

Employment: \$ _____

Awards/Grants/Scholarships: \$ _____

Other: \$ _____

Section 7 - Additional Information

How did you hear about the BSC Scholarship Program?

Have you received a BSC Scholarship in the past? If so, please indicate the year(s) and amount(s)

Year 2023 _____ Amount _____

Year 2024 _____ Amount _____

Year 2025 _____ Amount _____

You, the undersigned, do hereby certify that the information set forth in this application is true and correct.

Signature

Date

2026 BSC Scholarship Application Instructions for Submission

Completed applications and supporting materials may be submitted by email, mail, in person, or online.

Online Submission:

Visit the following link to see if the online application portal is currently available:

<https://www.blindservicechicago.org/programs-services/scholarships/>

Email Submissions:

Ginger Leopoldo, Director of Youth Programs – gleopoldo@bsachicago.org

Recommenders and schools must submit directly to Ginger Leopoldo, Director of Youth Programs at gleopoldo@bsachicago.org.

Mail or Drop-Off:

BLIND SERVICE CHICAGO

17 N. State St., Suite 1050

Chicago, IL 60602

312-236-0808

Applicant Checklist:

- o Completed application form**
- o Two letters of recommendation**
- o Personal statement or returning recipient summary**
- o Official transcripts**
- o Eye report (within last two years)**
- o State ID copy**
- o Financial information section completed**
- o Additional information section completed**