



Montana Association for the Blind

1302 24th St. W. PMB 134, Billings, MT 59102

mabadmin@mabsop.org (406)-442-9411

IF THIS FORM IS NOT ACCESSIBLE: [CLICK HERE](#)

From: Emil A. Honka Scholarship Committee

Subject: MAB Scholarship Application

REQUIRES IMMEDIATE ACTION! *The application must be completed and returned by the end of business day, Friday, May 31, 2025.*

The Emil A. Honka Scholarship Fund will offer one scholarship of \$1000 for the 2025-2026 school year. The funds will be awarded by the Montana Association for the Blind.

Note the procedure: Please make copies of the application blanks and the "Information for Applicants" to give to interested students.

Alternate formats of the information and form may also be requested from the address above.

Key information:

- Letters of reference must be from persons other than family or relatives.
- Applicants must be legally blind or have a prognosis of serious vision loss in the near future.
- Preference will be given to applicants who have completed 12 or more college credits and a cumulative GPA of 2.5.
- Application **MUST** be complete and received by end of business day, **MAY 31, 2025**.

Thank you for your assistance. Please call our MAB office for more information.

Sincerely,

Jocelyn DeHaas
Executive Director
Montana Association for the Blind



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1302 24th St. W.
PMB 134
Billings, MT 59102
www.mabsop.org
406-442-9411

INFORMATION FOR APPLICANT

1. One scholarship of \$1000 shall be awarded at the Association's state convention banquet. Along with the scholarship, recipients will receive a biographical account of Emil A. Honka.
2. The recipient of the scholarship shall be notified by the Scholarship Committee Chairman no later than **Friday, July 5, 2025** and, except for unusual circumstances, must be present at the state convention to receive the award. The convention will be held in the fall of 2025 and the recipient will be notified of when and where the state convention will be held. The MAB will reimburse the recipient for their expenses in attending the convention to receive their award.
3. Completed applications for the scholarship **MUST** be received at the MAB office (address above) by **May 31, 2025**. Incomplete applications will not be considered.
4. Scholarships may be awarded to high school, undergraduate, or graduate students with no preference given to any field of endeavor. However, preference will be given to applicants who have completed at least 12 or more college credits with a minimum cumulative Grade Point Average of 2.5. A recipient may be eligible to apply and receive one additional scholarship in a later year.
5. Applicants must be legally blind or have a prognosis of serious vision loss in the near future and be residents of Montana.
6. **TO QUALIFY FOR CONSIDERATION, APPLICANTS MUST:**
 - A. Provide an up-to-date transcript.
 - B. Provide a description of blindness or visual impairment, along with information about educational goals.
 - C. Provide letters of recommendation from three of the following: (1) head of the department or instructor in the field in which she or she is majoring; (2) high school principal; (3) employer; (4) Blind & Low Vision Services Counselor; (5) other advisor; minister or other community leader; or (6) other suitable references. Family, parents, or relatives should not be used for references.

Alternate formats of this information page and application form may be requested from the Montana Association for the Blind, 1302 24th St. W. PMB 134, Billings, MT 59102, telephone: (406) 442-9411, or email: mabadmin@mabsop.org



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Emil A. Honka Scholarship and Education Fund
established by the
Montana Association for the Blind, Inc. on
January 31, 1976

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PLEASE PRINT OR TYPE CLEARLY! Completed applications must be received at the MAB office, 1302 24th St. W. PMB 134, Billings, MT 59102, by **May 31, 2025**. You may also submit the application to: mabadmin@mabsop.org Incomplete application will not be considered.

General Information:

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ e-mail: _____

Date of Birth: _____

Educational & Experience Background:

Cumulative		Year	Degree
School	Address	Graduated	Obtained
GPA			
_____	_____	_____	_____

College or other post-secondary school you will attend in the fall of 2025:

What are your educational objectives? (You may attach a separate page)

List your work experiences and volunteer experiences pertaining to your field of endeavor. (You may attach a separate page)

If your school address is different than page 1, please list your school address.

Telephone: _____

For the scholarship year, will you be classified as:

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Other: _____

List Other Scholarships or Grants for which you have applied:

Disclaimer and Signature:

Awarding of this scholarship is not based on race, creed, sex, or age of applicant.

Signature:

Date:

Enclosed:

_____ Fully completed application _____
List of other grants or scholarships applied for

_____ Up-to-date transcript
_____ Three letters of recommendation

I hereby affirm that I am a resident of Montana and that all information above or attached is complete and true to the best of my knowledge.

Please attach any additional pages used to provide more information than would fit on this form.