**2017 SCHOLARSHIP**

**APPLICATION INFORMATION**

All applicants are required to submit an essay with the attached application. **The essay must be a minimum of one, double-spaced page, must use at least an 11 point font and may not exceed two pages in length.**  You should include the following information in your essay:

* explanation of your visual impairment
* your background
* your academic and extracurricular achievements
* educational and career goals
* how this scholarship will help you achieve those goals

In addition, as part of the scholarship application, the following information is required:

* a completed Application Check List (see page 2)
* your academic and activity achievements
* a grade point average of 2.7
* copies of your high school or college transcripts
* two letters of recommendation from people other than family members

Application materials should be submitted **in print** and can be sent via US Mail,

UPS or FedEx. Completed application packets may also be dropped off at the address listed below. **No applications will be accepted via e-mail or fax.**

**The deadline for the Vision Forward Association Scholarship application for the 2017-2018 academic year is June 16, 2017.** The Scholarship Committee does, however, reserve the right to extend the application deadline. The Scholarship Committee will review all applications and select winners. Applicants will be notified no later than July 28, 2017, unless otherwise communicated.

**Please submit all materials to:**

Vision Forward Association

Attn: Scholarship Committee

912 North Hawley Road

Milwaukee, Wisconsin 53213

**APPLICATION CHECK LIST**

 **APPLICANT:** Please make sure your application contains all of the following items before submitting it to us:

 **□ Completed Application**

 □  **Personal Essay**

 □ **Personal statement of financial need.** In 500 words or less, please describe in detail your financial need and how you plan to use the scholarship if it should be awarded to you.

 □  **FAFSA** Based on your FAFSA, what is your Family Expected Contribution: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ **Eye report completed by an eye specialist.**  Previous scholarship winners do not need to submit a new vision report.

 □ **Official transcripts**

□ **Proof of enrollment**

 **□ Two letters of recommendation**

 **You must include all required information in order to be considered for a scholarship.**

**APPLICATION FORM**

**Applicant Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ I am a new scholarship applicant.**

**□ I have received a Vision Forward Association Scholarship.**

 **Date/s scholarship received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Note: You are eligible to receive a scholarship even if you have previously received one.

**I want to be considered for (please check one box):**

**□ Undergraduate Scholarship (Minimum overall GPA 2.7)**

 **□** Freshman (Fall 2017)

 **□** Sophomore (Fall 2017)

 **□** Junior (Fall 2017)

 **□** Senior (Fall 2017)

**□ Graduate School Scholarship (Minimum overall GPA 2.7)**

**□ Non-Traditional Student Scholarship**

**□ Vocational Scholarship (Minimum overall GPA 2.7)**

 Student will be enrolled at a trade or vocational school for higher education in fall 2017.

**APPLICATION FORM**

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

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Impairment: □** Visually Impaired **□** Legally Blind **□** Totally Blind

 **□** Visually Impaired/Blind and Multi-Disabled

**Cumulative GPA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School you will be attending in fall 2017:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide proof of enrollment with your application.) **□ Full-time □ Part-time**

**Major/Field of Study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree Sought: □** Technical Certificate **□** Associate’s **□** Bachelor’s

**□** Master’s **□** Doctorate **□** Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **School Attended** | **Dates Attended** | **Degree or Diploma** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please sign and date this application:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VISION INFORMATION FORM**

This form is to be completed by your eye specialist and submitted along with your Vision Forward Association Scholarship Application Forms.

**Eye Specialist:** Please complete the information listed below.

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_

**Primary Ocular Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Diagnoses:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visual Acuities (with best correction) Visual Field (with best correction)**

 OD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This individual is considered:**

□ **Visually Impaired** (best corrected visual acuity of 20/60 or worse in the better eye)

□ **Legally Blind** (best corrected visual acuity of 20/200 or worse in the better eye or a visual field of less than 20 degrees)

**□ Totally Blind** (best corrected visual acuity of 20/400 or worse in the better eye or a visual field of less than 20 degrees)

**□ Visually Impaired/Blind and Multi-disabled** (meeting one of the above vision-related criterion with the presence of an additional documented disability, such as a physical disability, deafness, cognitive impairment or chronic health condition)

**Physician or eye specialist’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_