

Vision Forward Association 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
- your 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)
- a grade point average of 2.7
- official transcripts from your high school or college
- two letters of recommendation specifically for this scholarship from people other than family members—letters must be mailed directly to the Scholarship Committee at the address listed below

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 2018-2019 academic year is June 15, 2018. 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 30, 2018, unless otherwise communicated.

Please submit all materials to:

Vision Forward Association
Attn: Scholarship Committee
912 North Hawley Road
Milwaukee, Wisconsin 53213
414-615-0100

Vision Forward Association Scholarship

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. (If blind, a medical report stating this is acceptable.)
- Official transcripts**
- Proof of enrollment** (acceptance letter or fall class schedule)
- Two letters of recommendation**
(Letters must be signed and mailed directly to the Scholarship Committee)

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

Vision Forward Association 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 2018)

Sophomore (Fall 2018)

Junior (Fall 2018)

Senior (Fall 2018)

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 2018.

Vision Forward Association Scholarship

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 2018: _____

(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 Forward Association Scholarship

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)

OD: _____

OS: _____

Visual Field (with best correction)

OD: _____

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:** _____