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 2019-2020 academic year is June 14, 2019. 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 31, 2019, 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.
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 2019)

☐ Sophomore (Fall 2019)

☐ Junior (Fall 2019)

☐ Senior (Fall 2019)

☐ 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 2019.
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 2019: _________________________
(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) _________________________

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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: ____________