

SCHOLARSHIP APPLICATION INSTRUCTIONS

To qualify for a Vision Forward Association Scholarship and/or the Arthur L. Ebert Scholarship, the applicant must be visually impaired, legally blind, blind or multi-disabled, a Wisconsin resident, and be accepted into an accredited post-secondary institution for the fall of 2026. By submitting a Scholarship Application, you are applying for both the Vision Forward Association and the Arthur L. Ebert Scholarship. Scholarship awards may range between \$500 to \$3,000.

All applicants are required to submit (see Application Checklist on page 2):

- a completed Application Form (pages 3 and 4)
- an Information Release (page 5)
- a Personal Essay (page 6)
- a Statement of Financial Need (page 7)
- a completed Vision Information Form (page 8)
- two letters of recommendation specifically for this scholarship from people other than family members—letters must be emailed, faxed or mailed directly to the Scholarship Committee to the contact information below.

The Application Form, Personal Essay and Statement of Financial Need should be submitted at one time and should be sent electronically via email.

The Vision Information Form (completed by eyecare or vision professional) and two Letters of Recommendation may be submitted by mail, fax or email.

The deadline for receipt of all components of the Vision Forward Association Scholarship application for the 2026–2027 academic year is **May 15, 2026**. The Scholarship Committee reserves the right to extend the application deadline if necessary.

All complete applications will be reviewed by the Scholarship Committee, and scholarship recipients will be selected through this process. Applicants will be notified of decisions no later than June 30, 2026, unless otherwise communicated.

Scholarship awards will be paid directly to the institution the recipient will be attending in the fall.

Submit materials to:

Vision Forward Association
Attn: Scholarship Committee
10150 W National Ave, Suite 100
West Allis, Wisconsin 53227
Phone: 414-615-0100
Fax: 414-256-8744
Email: staykonkol@vision-forward.org

SCHOLARSHIP APPLICATION CHECK LIST

APPLICANT: Please make sure you submit all of the following information:

- ☐ **Completed Application Form**
- ☐ **Personal Essay**
- ☐ **Personal Statement of Financial Need**
- ☐ **Information Release Form**
- ☐ **Eye report** completed by your eye care provider (optometrist / ophthalmologist) or a certified vision provider (Teacher of the Visually Impaired, Certified Orientation and Mobility Specialist, Certified Vision Rehabilitation Teacher, etc.) Previous scholarship winners do not need to submit a new vision report.
- ☐ **Two letters of recommendation**
(Letters must be signed and submitted directly to the Scholarship Committee)

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

SCHOLARSHIP APPLICATION FORM

Applicant Name:

Street Address:

City, State, ZIP:

Phone Number:

Email Address:

Date of Birth:

- ☐ 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.

Type of Impairment:

- ☐ Visually Impaired
- ☐ Legally Blind
- ☐ Blind
- ☐ Visually Impaired/Blind and Multi-Disabled

How did you hear about this scholarship opportunity?

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

- ☐ **Undergraduate Scholarship**
 - ☐ Freshman (Fall 2026)
 - ☐ Sophomore (Fall 2026)
 - ☐ Junior (Fall 2026)
 - ☐ Senior (Fall 2026)

☐ **Graduate School Scholarship**

☐ **Non-Traditional Student Scholarship**

☐ **Vocational Scholarship**

Student will be enrolled at a trade or vocational school for higher education in fall 2026.

School you will be attending in fall 2026:

Is the program: ☐ Full-time ☐ Part-time

Major/Field of Study:

Degree Sought: ☐ Technical Certificate ☐ Associate's ☐ Bachelor's
☐ Master's ☐ Doctorate ☐ Other (Please specify):

School(s) Attended	Dates Attended	Degree or Diploma	Cumulative GPA

By typing your name below, you certify that the information provided in the Application Form is true and accurate to the best of your knowledge.

Typed Signature:

Date:

INFORMATION RELEASE

I grant permission for Vision Forward Association (Vision Forward) to use my name, information and photograph(s) for the purpose of publicizing scholarship award details. Permission covers print or on-line materials designed solely for news, marketing, information, or educational purposes related to Vision Forward. I release all claims against Vision Forward with respect to copyright ownership and publication, including any claim for compensation related to the use of the material.

Date: ____ / ____ / ____

Expiration: This authorization will expire on _____
(insert date or check box below if it applies).

When no further production, duplication, publication or reprint or any other use of the photographs is required by Vision Forward Association.

Typed Signature: _____

Date: ____ / ____ / ____

SCHOLARSHIP PERSONAL ESSAY

All applicants are required to submit an essay as part of the application. **The essay must be a minimum of 250 words and may not exceed 750 words.** 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

SCHOLARSHIP 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. In your statement, please be sure to include your Student Aid Index (SAI) based on your FAFSA (Free Application for Federal Student Aid).

SCHOLARSHIP VISION INFORMATION FORM

This form is to be completed by your eye care provider (optometrist/ophthalmologist) or a certified vision provider (Teacher of the Visually Impaired, Certified Orientation and Mobility Specialist, Certified Vision Rehabilitation Teacher, etc.) and submitted to Vision Forward via fax, mail or email.

Eye or Vision 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)
- ☐ **Blind** (best corrected visual acuity of 20/400 or worse in the better eye or a visual field of less than 10 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)

Eye or Vision Specialist name: _____

Address: _____ **City** _____

State: _____ **ZIP:** _____ **Phone Number:** _____

Signature: _____ **Date:** _____