

VISUAL AID VOLUNTEERS OF FLORIDA, INC.

SCHOLARSHIP APPLICATION

The Visual Aid Volunteers of Florida, Inc. (VAVF) awards educational scholarships to qualified high school seniors who are **legally blind, Florida residents** and **continuing their education.** Scholarship awards will be sent directly to the school the student will be attending. All responses will be confidential. Please answer all of the following questions fully. Deadline for receipt of all applications is **March 30, 2019.** **Applications received after this date will not be considered.** Send completed applications to:

Mariann Witengier
VAVF Scholarship Committee
2900 Harriet Drive
Orlando, FL 32812

You must be legally blind to qualify for this scholarship. Your eye doctor must fill out the enclosed form. It must be included with your application.

1. Name: _____
Last First Middle

2. Social Security Number: _____
NOTE: Social Security Number is required for scholarship to be awarded.

3. Address: Street _____

City State Zip

4. Telephone number: _____

5. E-mail address: _____

6. Date of birth: _____

7. High School attended: _____

Address: _____

Date of graduation: _____

Grade point average: _____

8. Preferred Print Medium: Large Print _____ Braille _____

8. What College or University do you plan to attend?

Name: _____

Address: _____

Date of entrance: _____

9. Please state your career goals.

10. List all extracurricular activities/community service in which you have been actively involved, both past and present.

11. Attach **3** letters of recommendation from your school counselor, physician, current or former teachers, club directors, or community leaders attesting to your scholastic aptitudes, character, and reliability. All letters will remain in strictest confidence.

12. Attach a short paper (1 print page/2 braille pages) in which you tell us about yourself and explain how this scholarship will make a difference to you. Include information about the extent of your visual impairment.

13. Attach a copy of your official **high school** transcript.

Signature: _____

Date: _____

Checklist:

- Completed application (This page must be filled out.)
- Completed form from your eye doctor
- 3 letters of recommendation
- Essay about yourself and importance of scholarship to you
- Official high school transcript
- Sign and date the application
- Meet the March 30, 2019 deadline

VAVF SCHOLARSHIP
EYE DOCTOR REPORT

NAME: _____ Social Security No: _____

DATE OF ONSET OF PATHOLOGY: R.E. _____ L.E. _____ EXAM DATE: _____

DIAGNOSIS:

ETIOLOGY:

DESCRIBE EXTERNAL AND INTERNAL APPEARANCE OF EYES:

R.E. _____

L.E. _____

VISUAL ACUITY (With Best Correction):

R.E. Distance _____ Near _____

L.E. Distance _____ Near _____

Are new glasses recommended? Yes No Was a prescription given to patient? Yes No

VISUAL FIELDS:

Is there any abnormality or limitation in field of vision? Yes No

If yes, what is the widest diameter in degrees in remaining field? R.E. _____ L.E. _____

PROGNOSIS: R.E. _____ L.E. _____

DEFINITION OF DEGREE OF BLINDNESS:

Central visual acuity 20/200 or less in the better eye with correction glasses, or a disqualifying field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees and which is sufficient to incapacitate the individual for self support.

1. In your opinion does this patient meet this degree of blindness? Yes No
2. In your opinion can this patient be improved by medical treatments? Yes No
3. In your opinion can this patient be improved by surgical procedures? Yes No

Physician's Signature _____ M.D. Phone No. _____