



**Wisconsin Council of the
Blind & Visually Impaired**

Expanding visual horizons

754 Williamson Street, Madison, WI 53703

800-783-5213

www.wcblind.org

February 2013

Dear Applicant,

I am pleased to send you an application for scholarships given by the Wisconsin Council of the Blind and Visually Impaired. Again this year, we are providing nine \$1,500 post secondary scholarships for full and part-time students enrolled or accepted in college and vocational/community school programs. An event will be held to present these awards this summer in Sparta, WI on July 20th. The time will be announced later. Scholarship winners are expected to attend this event and we will notify you as soon as possible when we have confirmed times.

A committee reviews applications considering grades, interests and extra-curricular activities, both at school and in the community. The emphasis is on academics, especially grade point average, for both full time and part time students. All students must include a required letter of recommendation. A "Verification of Vision Impairment" form (attached) must also be included for eligibility. Deadline for applications is April 8, 2013.

You will be notified by May 15, 2013 of the Committee's decision. Recipients and one guest per scholarship winner will be invited to attend our summer event. (Additional guests may attend but will be asked to pay for their own meal.)

Thank you for your interest in the Council. If you have further questions or would like scholarship information in an alternative format, please contact our office at 800-783-5213.

Sincerely,

Executive Director

WISCONSIN COUNCIL OF THE BLIND AND VISUALLY IMPAIRED SCHOLARSHIP REQUIREMENTS

1. Applicants must have established residency in Wisconsin by providing a photocopy of a valid state ID.
2. Maintain at least a 2.5 Grade Point Average, or for BEP applicants, provide one letter of recommendation from a supervisor or instructor.
3. Have a visual acuity of 20/70 or less in the better eye with the best conventional correction OR have a visual field of 20 degrees or less.
4. Attendance in a technical college or university program carrying at least enough credits for part time or full time status, as defined by the institution. The committee has the right to make exception to this requirement if there are extenuating circumstances. Please provide information or documentation.
5. Incoming freshman must provide verification of high school grade point average.
6. Participants in the Business Enterprise Program must submit a letter of recommendation by an instructor or supervisor.
7. A copy of the current semester schedule and grade transcript OR an acceptance letter to the institution must be included with the application.

IMPORTANT NOTE

Please be sure that all requirements above are enclosed with your application. This is your responsibility. **Incomplete applications will not be considered.** Thank you for your attention to this note!

INSTRUCTIONS

1. Fill out the application in the medium you prefer. Be sure your application contains **all information required**. (Use the checklist to be sure!)
2. Make a photocopy of your valid Wisconsin State ID and include it with your application.
3. Have the attached "Verification of Vision Impairment" form completed by a qualified physician (ophthalmologist or optometrist) and signed within one year of the application date.
4. In order to act on your application, we must have a complete legible transcript bearing the Registrar's Seal. The Grade Point Average should be included using the 4.0 scale.
5. All applicants must have a letter of recommendation written by an instructor mailed directly to the Scholarship Committee (address below).
6. Be sure to include the "Verification of Vision Impairment" form, release, school transcript, and current class schedule or acceptance letter.
7. Application material must be postmarked no later than **April 8** and sent in one envelope to:

**Wisconsin Council of the Blind & Visually Impaired
Scholarship Committee
754 Williamson Street
Madison, WI 53703-3546**

**WISCONSIN COUNCIL OF THE BLIND AND VISUALLY IMPAIRED
SCHOLARSHIP APPLICATION**

PLEASE PRINT CLEARLY

1. Name _____
2. Date of Birth _____
3. Present Address _____
4. Permanent Address _____
5. E-mail Address _____
6. Telephone Number (_____) _____
7. How did you hear about this scholarship? _____
8. How are you currently financing your education? _____
9. What is your vocational goal? _____
Please list your major and/or minor (if declared): _____

10. Are you involved in any extracurricular activities, either at school or in the community or both? Yes _____ No _____
If yes, please explain:

11. How do you see yourself, in the future, becoming involved with the Council? _____
12. What college or technical schools have you attended (or into which college or technical school have you been accepted)?

BE SURE TO SEND COMPLETE TRANSCRIPTS

School attended

Dates attended

Degree or Diploma

12. If I am chosen as a recipient, I will come to receive this award at the July 20th event in Sparta. Yes _____
If 'No' please explain: _____

If 'Yes', describe any special accommodation you may need:

I solemnly affirm that to the best of my belief the information given herein is correct.

APPLICANT'S SIGNATURE

DATE

VERIFICATON OF VISION IMPAIRMENT

Applicant's Name _____

I, _____ (*Please Print Name*)

certify that I have examined the above applicant and that he or she is visually impaired as defined below.

A best corrected visual acuity of 20/70 or less, or a visual field of 20 degrees or less, in the better eye.

I certify that the information I have provided is true to the best of my knowledge.

Physician Signature

Date

Address (Street, City, State, Zip)

Telephone Number (_____) _____

Completed, signed form must be postmarked by April 8, 2013

Wisconsin Council of the Blind & Visually Impaired

Scholarship Committee

754 Williamson Street

Madison, WI 53703-3546

1-800-783-5213

Visit our website for more information on services or programs!

www.wcblind.org

Please use the following checklist to insure you have ALL required items and information. If you can't check it off, do not mail your application – it must be complete!

WISCONSIN COUNCIL OF THE BLIND AND VISUALLY IMPAIRED SCHOLARSHIP REQUIREMENTS

- Applicants must have established residency in Wisconsin by providing a photocopy of a valid state ID.

- Maintain at least a 2.5 Grade Point Average, or for BEP applicants, provide one letter of recommendation from a supervisor or instructor.

- Have a visual acuity of 20/70 or less in the better eye with the best conventional correction OR have a visual field of 20 degrees or less.

- Full time or part time attendance in a technical college or university program carrying at least a full load or part time load, as defined by the institution. The committee has the right to make exception to this requirement if there are extenuating circumstances. Please provide information or documentation.

- Incoming freshman must provide verification of high school grade point average.

- Letter of recommendation by an instructor to be sent directly to the Scholarship Committee.

- If applicable, a copy of the current semester schedule and grade transcript must be included. OR a copy of the acceptance letter of the institution to which you are attending in the Fall.



•∴ Wisconsin Council of the Blind & Visually Impaired

Expanding visual horizons

Independence is our mission!

The Wisconsin Council of the Blind & Visually Impaired has been serving the needs of people in Wisconsin who are blind or visually impaired for more than 60 years.

We are committed to empowering and assisting the growing number of people who must make lifestyle changes and adjustments due to vision impairment.

We provide:

- one-on-one low vision exams
- assistive technology
- rehabilitation training
- educational conferences
- scholarships
- free white canes
- orientation and mobility training
- the Sharper Vision Store
- outreach and advocacy
- information and referral

Why is our work so important?

Every seven minutes, someone in America will become blind or visually impaired. By 2030, the estimated number of visually impaired Americans 65 and older will double to seven million.

Vision impairment is one of the main causes of loss of independence. By providing powerful tools for independence, the Council helps improve the quality of life for people of all ages who are blind or visually impaired, and this in turn enhances and enriches the larger community.

To learn more about the programs, services, outreach and advocacy of the Council, please contact us.

Wisconsin Council of the Blind & Visually Impaired
754 Williamson Street • Madison, WI 53703-3546
608-255-1166 • 800-783-5213 • www.wcblind.org • info@wcblind.org