

754 Williamson Street, Madison, WI 53703

608-255-1166

[WCBlind.org](https://www.wcblind.org/)

[info@WCBlind.org](mailto:info@WCBlind.org)

January 2020

Dear Scholarship Applicant;

The Wisconsin Council of the Blind & Visually Impaired is pleased that you are interested in applying for one of our annual scholarships. Thanks to generous gifts from Steve Johnson and the Priess family, we will offer ten scholarships of $2,000 each this year to qualified students.

Please carefully review all the materials in the scholarship kit;

* Application and essay prompts.
* Verification of Visual Impairment
* Request for Wisconsin identification card
* Request for letter of recommendation
* Photo release

In order to be eligible for a scholarship, the following criteria are required;

* Complete application and supporting materials submitted by Friday, April 10, 2020
* GPA of 3.0 or higher
* Wisconsin resident
* Blind, legally blind or visually impaired
* Accepted into a post-secondary institution; vocation, technical or community college, university at the undergraduate or graduate level or the Business Enterprise Program.

Instructions for submitting application:

1. All materials must be presented in MS Word or comparable format and submitted electronically to [RCubberly@WCBlind.org](mailto:RCubberly@WCBlind.org).
2. All essay responses should be in a separate document in MS Word, using 14 pt. Verdana or Arial font and should use 1.5 line spacing.
3. All new applicants must submit verification of vision impairment and proof of residency.
4. If you’ve applied for a scholarship in the past, it is your responsibility to verify that we have copies of your verification of vision impairment and proof of residency on file. You may call Ray Cubberly at 608-255-1166 or email at [RCubberly@WCBlind.org](mailto:RCubberly@WCBlind.org).

If you have questions, please contact Denise Jess, Council CEO/Executive Director at [DJess@WCBlind.org](mailto:DJess@WCBlind.org) or 608-255-1166.

We are excited to review your application and wish you the best of luck in the process.

Denise

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

**Scholarship Application**

**Please Complete Using a Word Processor, preferably with MS Word or equivalent program**

**Contact Information**

Name:

Date of Birth:

Present Address:

Permanent Address, if different from present address:

E-mail Address:

Telephone Number, including area code:

How have you heard about the Wisconsin Council of the Blind & Visually Impaired Scholarship? Check all that apply.

\_\_\_ Family member

\_\_\_ Teacher or another educator

\_\_\_ Eye doctor

\_\_\_ Friend

\_\_\_ Council’s webpage

\_\_\_ Council’s social media

\_\_\_ DVR

\_\_\_ Council Staff Member/Board Member

\_\_\_ Sharper Vision Store visit

\_\_\_ Council visit

\_\_\_ Other - specify

**Your Education**

1. How are you currently financing your education?
2. What is your vocational goal?
3. Please list your major and/or minor (if declared).
4. Please list schools attended and include transcripts.

School attended          Dates attended            Degree or Diploma

**Extra-Curricular and Community Involvement**

1. Are you involved in any extracurricular activities, either at school or in the community or both within the last two years?  Yes   No

If yes, please list the organizations, their purpose, your role with them, and duration of participation.

1. In the future, how might you imagine becoming further involved in the Council?

**Essay Responses**

Please respond to the two essay questions below. If you’ve previously applied for a Council scholarship, either craft new responses that reflect your current experience, or choose new questions.

Essay responses should be in a separate document, using MS Word or equivalent program, in 14 pt. Arial or Verdana font and with 1.5 line spacing.

1. In a maximum of 400 words, please respond to both parts of this question.
2. What is a special attribute or accomplishment that sets you apart from your peers?
3. Explain why you believe this would make you an excellent candidate for this scholarship.
4. Please respond to ONE of the three prompts below. If you’ve applied for a Council scholarship in the past, please choose a new prompt.
   1. In a maximum of 400 words, describe your visual impairment and how it affects your life. As above, if you’ve answered this question on a past application, please author a new original response.
   2. In a maximum of 400 words, how does your continued education help you cope with your vision impairment?
   3. In a maximum of 400 words, please share an example(s) of your leadership in advocating for the needs of people who are blind or visually impaired.

**Scholarship Recognition**

1. The Council holds an annual Scholarship and Awards luncheon to honor recipients and present their awards. In 2020, this event will be on Saturday, May 16 at noon in Madison. It is the Council’s expectation that all scholarship awardees attend this luncheon, unless there are extenuating circumstances.

Will you be able to attend the luncheon? \_\_\_Yes \_\_\_ No

If no, please provide your reason.

If yes, do you have any dietary or other needs?

Award recipients may bring up to two guests to the May 16 luncheon. How many guests do you anticipate bringing to the event?

**Signature**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE                        DATE

**Completed, signed form must be received by April 10, 2020 to RCubberly@WCBlind.org**

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

**Verification of Vision Impairment**

Please Note: This Verification of Vision Impairment is required for all new scholarship applicants as well as any applicant who does not already have one on file with the Wisconsin Council of the Blind & Visually Impaired. It is the candidate’s responsibility to confirm that WCBVI has a copy of the verification.

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City, State, Zip)

(\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

**Completed, signed form must be postmarked by April 10, 2020**

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!

[WCBlind.org](http://www.wcblind.org)

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

**Verification of Residency and Letter of Recommendation**

All applicants must be Wisconsin residents. Please include a photo copy of your Wisconsin State Identification Card or your Passport. If you’ve applied in the past, please verify that we have your verification of residency on file.

You will also need a letter of recommendation to accompany your application. This letter can be from a teacher, counselor, professor, employer, volunteer supervisor. The recommendation should be from someone who knows you well and can speak to your qualifications to be awarded the scholarship. Letters should be in MS Word or equivalent and on the letterhead of the writer’s organization (school district, college, organization, etc.).

Send the photocopy of your identification to [RCubberly@WCBlind.org](mailto:RCubberly@WCBlind.org) by April 10, 2020. Please have the writer of your recommendation send the letter to the same address.

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**PHOTO & VIDEO RELEASE FORM**

I give permission to the Wisconsin Council of the Blind & Visually Impaired to take and use photos of me for publications, public relations, community education, training and any other purposes as it sees fit, without further consideration from me. I also give permission to use information about my relationship to the Council, and it is my choice if the name is changed or my real name is used.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature – if under age 18, signature of parent/legal guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Print name of participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number Email