**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 the Council has a copy of the verification.

Applicant’s Name:

I,  *certify that I*

*(Please Type/Print Name)*

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 and Date:

Address (Street, City, State, Zip):

Phone Number (Including Area Code):

**Completed, signed form must be postmarked by**  
**Friday, March 15, 2024**

Wisconsin Council of the Blind & Visually Impaired

Scholarship Workgroup

754 Williamson Street

Madison, WI 53703-3546

1-800-783-5213

Or submitted electronically to [Scholarships@WCBlind.org](mailto:scholarships@WCBlind.org)

Visit our website for more information on services or programs!

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

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