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 <u>legally blind</u>, <u>Florida residents</u> and <u>continuing their education</u>. 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 <u>March 1, 2024</u>.

<u>Applications received after this date will not be considered</u>. Send completed applications to:

Mariann Witengier VAVF Scholarship Chairman mizzwit@gmail.com

You must be legally blind to qualify for this scholarship as certified by a physician.

1. Name:						
Last	First	Middle				
2. Home Address: Street						
City	State	Zip				
3. Telephone number:						
4. E-mail (Do not use school e	email.)					
5. Date of birth:						
6. High School attended:						
School Address:						
Principal's Name						
Date of graduation:						
Grade point average: _						
7. What College or University do you plan to attend?						
Name:						
Address:						

In addition to answering these questions, please be sure to complete the essay item 12. Applications will not be accepted if an essay is not included.

- 8. Please state your career goals.
- 9. List all extracurricular activities you have participated in throughout your high school career.
- 10. Please list any voluntary community service in which you have been actively involved, both past and present. Do not list services for which you have been paid. If you had internships paid or unpaid identify them as such and list them, also.
- 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/essay (1 print page/2 braille pages) in which you tell us about yourself and give us your views, aspirations that have made you the person you are. You can include information about your visual impairment but please use this forum to let us get to know you better.

nfc	_If awarded a scholarship, I would be willing to have my photo and general
14.	What is your primary reading medium?
13.	Attach an official copy of your high school transcript.

All winners are asked to write a short paper about themselves. It should be 50

Please feel free to state your wishes regarding any release of information.

words or less and will be posted on our vavf.org website.
If awarded a scholarship, I would like my certificate to be printed as follows:regular printregular print w/ braillable overlayprint/braille separately Signature:
Jigilature
Date:
Checklist:
Completed application with signature and date
Completed form from your eye doctor stating legal blindness
3 letters of recommendation
Essay about yourself and importance of scholarship to you
Official High school transcript
Check permission for photo and publishing information
Meet the March 1, 2024 deadline

VAVF SCHOLARSHIP EYE DOCTOR REPORT

NAME:	Date of Birth	rth	
DATE OF ONSET OF PATHOLOGY: R.E.	L.EEX	KAM DATE:	
DIAGNOSIS:			
ETIOLOGY:			
DESCRIBE EXTERNAL AND INTERNAL APPE	ARANCE OF EYES:		
R.E			
L.E			
VISUAL ACUITY (With Best Correction):			
R.E. DistanceNear			
L.E. DistanceNear			
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 DEGRE			
Central visual acuity 20/200 or less in the bett disqualifying field defect in which the peripheral field widest diameter of visual field subtends an angular dis sufficient to incapacitate the individual for self-sup	ter eye with correction glasses, I has contracted to such an ext istance no greater than 20 deg	ent that the	
1. <u>In your opinion does this patient meet</u>	this degree of blindness	? Yes No	
2. In your opinion can this patient be impro-	ved by medical treatment	s? Yes No	
3. In your opinion can this patient be impro-	ved by surgical procedure	es? Yes No	
Physician's Signature	M.D. Phone No		