

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.
13. Attach an **official copy** of your high school transcript.
14. What is your primary reading medium? _____

_____ If awarded a scholarship, I would be willing to have my photo and general information (high school, college, major and amount of scholarship) published. Please feel free to state your wishes regarding any release of information.

All winners are asked to write a short paper about themselves. It should be 50 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 print
- ___ regular print w/ braille overlay
- ___ print/braille separately

Signature: _____

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 _____

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. _____