



● W I S C O N S I N
● COUNCIL OF THE BLIND
● & VISUALLY IMPAIRED

754 Williamson Street
Madison, WI 53703
1-800-783-5213

TO: Students, Families and Services or Program Directors
for the Blind and Visually Impaired

FROM: Karen V. Majkrzak, Executive Director

DATE: April 30, 2010

The Wisconsin Council of the Blind and Visually Impaired has allocated funds to provide seven \$1,500 scholarships for full time students in college and vocational school programs as well as two \$1,000 scholarships for part-time students enrolled in college and vocational school program.

Applicants must be high school graduates or returning students, carrying a full load of classes as defined by the institution they will be attending, and have an accumulated GPA of at least 2.5. Part-time students must verify their courses and schedules. All applicants must have identified goals for the future including eventual employment. All applicants must include verification of vision impairment in a signed form from their eye care professional.

The enclosed application may be duplicated. Please distribute applications to your students as soon as possible so that they can be postmarked by the **October 1st deadline**. A checklist has been added this year to insure all applications received are fully complete. Incomplete applications will not be considered and we cannot guarantee we can follow-up with students to finalize their applications.

As we are sending this packet by e-mail, a 2010 Fact Sheet on the Council's programs and services is included as the last page of the packet.



754 Williamson Street,
Madison, WI 53703
800-783-5213
www.wcblind.org

April 30, 2010

Dear Applicant,

I am pleased to send you an application for scholarships given by the Wisconsin Council of the Blind and Visually Impaired. Seven - \$1,500 scholarships for full time students in college and vocational/community school programs as well as two - \$1,000 scholarships for part-time students in college and vocational/community school programs. A luncheon will be held to present these awards in Madison on Saturday, November 13, 2010. Scholarship winners are expected to attend the luncheon.

A committee reviews applications considering grades, interests and extra-curricular activities. 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.

You will be notified by October 20, 2010 of the Committee's decision. Recipients will be invited to attend the banquet and the necessary arrangements will be made for the recipient and a guest at the Council's expense.

Thank you for your interest in the Council. Enclosed is an information sheet that explains our purpose and activities. If you have further questions or would like this information in an alternative format, contact our office at 800-783-5213.

Sincerely,

Karen

Karen V. Majkrzak
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. Full time attendance in a technical college or university program carrying at least a full load, as defined by the institution. There are also two scholarships for part time students. 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. If applicable, a copy of the current semester schedule and grade transcript must be included.

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 new check list 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.
7. Application material must be postmarked no later than **OCTOBER 1** and sent in one envelope to:

**Scholarship Committee WCB & VI
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 are you currently financing your education? _____

8. What is your vocational goal? _____
Please list your major and/or minor (if declared): _____

9. Are you involved in any extracurricular activities? Yes _____ No _____
If yes, please explain:

10. What college or technical schools have you attended?

BE SURE TO SEND COMPLETE TRANSCRIPTS

<u>School attended</u>	<u>Dates attended</u>	<u>Degree or Diploma</u>
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12. If I am chosen as a recipient, I will come at Council expense to receive this award at the Awards Banquet. 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
VERIFICATION OF VISION IMPAIRMENT

DATE

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 October 1, 2010

Wisconsin Council of the Blind & Visually Impaired
Scholarship Committee
754 Williamson Street
Madison, WI 53703
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 attendance in a technical college or university program carrying at least a full load, as defined by the institution (\$1,500 scholarships) – or part-time as defined by the institution (\$1,000 scholarships). 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.



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 57 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

...Providing powerful tools for independence

754 Williamson Street • Madison, WI 53703-3546

608-255-1166 • 800-783-5213 • www.wcblind.org • info@wcblind.org