**2016Central Oklahoma Chapter**

**Elmer Wright Memorial Scholarship Program**

**APPLICATION FORM**

To apply for the NFB of Central Oklahoma Scholarship, please complete the application form and mail it along with the required documentation to the following:

Central Oklahoma Chapter

National Federation of the Blind of Oklahoma

Attn: Scholarship Committee

4515 N.W. 25th Place

Oklahoma City, OK 73127

Applications may also be e-mailed as an attachment to:

[audrey@nfbok.org](mailto:audrey@nfbok.org)

Only completed forms will be considered. Read the application carefully and submit all required items. The checklist below contains all required information and supplementary documentation. The application deadline is February 5, 2016.

1. A completed application form.
2. An official Transcript(s) from current university or, if high school student, transcripts from your high school.
3. Confirmation of Legal blindness. (See final page of application), or a letter of confirmation from your doctor dated within the last 12 months.
4. Personal Essay, see guidelines below.
5. One letter of recommendation from a teacher or professor.

Your personal essay should include, but should not be limited to the following information:

* Your personal philosophy of blindness
* How your philosophy of blindness has impacted your life
* How you have, or plan to conquer perceived barriers that have hindered or might hinder you in the future that you consider to be the most important information that anyone should know and understand about blindness

**PERSONAL INFORMATION**

Name:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of birth (MM/DD/YYYY): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home address, City, State, Zip: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home phone number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cell phone number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIGH SCHOOL INFORMATION**

High school name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School address, City, State, Zip: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cumulative grade point: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT COLLEGE/UNIVERSITY**

Name of current college or university: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School address, City, State, Zip: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cumulative grade point:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSED COLLEGE/UNIVERSITY**

Name of the proposed institution: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School address, City, State, Zip: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Classification: **\_\_\_** Freshman \_**\_\_** Sophomore \_**\_\_** Junior \_**\_\_** Senior \_**\_\_** Graduate

Vocational goal/major: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIRMATION OF LEGAL BLINDNESS**

URL to download form: www.nfb.org/scholarships

Confirmation of legal blindness is required for special consideration or disability services from the IRS, Social Security, and other federal, state, and private organizations. The federal government defines blindness as follows:

[T]he term”blindness” means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye, which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes in this paragraph as having a central visual acuity of 20/200 or less.

Social Security Act: 42 U.S.C. § 416(i) (1) (B) (Supp. IV 1986). [1]

Translation: A person is considered legally blind if the vision in the right eye and the left eye (both eyes) is 20/200 or less when wearing glasses or contacts or both, or if the field of vision for both eyes together is 20 degrees or less.

**Consumer/Client/Patient:**

Name: Date of Birth:

Address:

Best corrected vision: OD (Right Eye): OS (Left Eye):

OU (Both Eyes):

Visual field (in degrees):

Specific eye condition(s):

**Certifying Authority:**

I certify that **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is legally blind in both eyes as specified in the federal definition quoted above.

*(Signed)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(Date)* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(Title)* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Please attach your business card**