Central Oklahoma Chapter Scholarship Committee

National Federation of the Blind Oklahoma

4515 NW 25th PL

Oklahoma City, Oklahoma 73127

October 16, 2017

Greetings,

The Central Oklahoma Chapter of the National Federation of the Blind of Oklahoma invites all legally blind Oklahoma students to apply for our annual Elmer Wright Memorial Scholarship. Applicants must reside in Oklahoma, be legally blind and be enrolled or planning to enroll in a college or university program during the 2018-2019 academic year. The enclosed application should be completed in full, with all supporting documentation attached, and must be submitted no later than Friday, February 2, 2018. The winner will be notified by February 9, 2018 and must be available to attend the 2018 Scholarship Dinner to be held Saturday, February 17, 2018 at First Presbyterian Church of Edmond, 1001 s. Rankin in Edmond. The winner will also be expected to attend the 2018 National Federation of the Blind of Oklahoma annual state convention to be held in Tulsa, Oklahoma from April 12 to 16, 2018. The scholarship recipient will receive $1,000 plus convention registration and hotel accomodations for the state convention. If you have any questions, please contact me at the phone or email below.

Sincerely,

Cathy Tuton

President

Central Oklahoma Chapter

National Federation of the Blind Oklahoma

405-370-4304

centralok@nfbok.org

**2018 Central 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 Scholarship Committee

National Federation of the Blind of Oklahoma

4515 N.W. 25th Place

Oklahoma City, OK 73127

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

centralok@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 2, 2018.

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**