

Joan and Wesley Buffington Trust

2020 Grant Application

Applicant Name: _____

I am a new grant applicant

I have received a Buffington Trust grant previously

Date(s) grant received: _____

If I am awarded a grant, I would like the funds made payable to:

I want to be considered for:

Higher Education Grant - A student who will be enrolled at a university or college in 2020/2021

Vocational Grant – An applicant who will be enrolled at a vocation school, pre-employment training program, or other related activity in 2020/2021

I have included the following with my completed application:

Vision Report

- Using page 3 of this application or provided in a format containing the same information; exam must be within the last 12 months.
- REPEAT APPLICANTS: You must submit a new vision report no less than every 3 years.

Essay

- Please include your visual impairment, background, education and career goals, and how this grant will help you achieve those goals. Include cost estimates.
- The essay shall not exceed two-pages, double-spaced.
- REPEAT APPLICANTS: You must include a summary of how you used any previous grants received

Letters of Recommendation

- Please provide at least one letter of recommendation, two are preferred.
- REPEAT APPLICANTS: You must provide a new letter of recommendation every 3 years.

Transcripts (*Higher Education Grant Applicants Only*)

- Please provide copies of high school or college transcripts.

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Name: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____ Email Address: _____

Type of Impairment:

- Legally Blind Visually Impaired

What school or program will you be attending in 2020-2021? _____

(Please provide proof of enrollment with your application) Full-time Part-time

Major/Field of Study: _____

Degree Sought: Technical Certificate Associates Bachelors
 Masters Doctorate Other: _____

Current GPA: _____ Is your GPA Weighted? YES NO

My GPA is on a _____ point scale.

Have you taken any Advanced Placement classes? YES NO

If yes, please provide class names and grades received in each:

	Name of School	Start Date	End Date	Degree Received	Are you still attending this school?	If yes, what is your estimated graduation date?
High School						
College/University						
College/University						
College/University						

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----- Vision Report -----

To be completed by a licensed ophthalmologist or optometrist and then submitted along with grant application or directly to the Trustee at the address provided, or fax to FIB attn. Teresa Sanders (406) 255-5160.

Patient Name: _____ Date of Birth: _____

Primary Ocular Diagnosis: _____

Additional Diagnosis: _____

Visual Acuities (with best correction)

Visual Field (with best correction)

OD: _____

OD: _____

OS: _____

OS: _____

This individual is considered:

Visually Impaired (best corrected visual acuity of 20/60 or worse in the better eye)

Legally Blind (best corrected visual acuity of 20/200 or worse in the better eye or a visual field of less than 20 degrees)

I certify that I am a licensed ophthalmologist or optometrist practicing in the state of Montana. I have examined the patient and the above is my diagnosis of his/her current condition:

Signature of Physician: _____

Examination Date: _____

Physician's Name (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Please return completed application, vision report, and all additional documentation to the Trustee of the Joan and Wesley Buffington Trust at the following address:

First Interstate Bank
c/o Teresa Sanders
PO Box 30918
Billings MT 59116-0918

Phone: (406) 255-5061
Fax: (406) 255-5160
teresa.sanders@fib.com