This scholarship is open nationally to high school seniors who are considered totally blind. The interpretation of this is someone who has no light perception and considered a person who cannot see.

The purpose of this scholarship is to help students who are blind reach their full potential. This will further allow the students to build confidence and self-esteem as they prepare to begin their college education.

The recipient of this scholarship will be selected by an independent group of judges to be determined by the Foundation For Sight & Sound, a 501c3 Not for Profit Corporation.

The scholarship will award one student per school year with a $1000 scholarship towards the student’s college or vocational school of choice and WindowEyes software.

The essay should highlight the student’s creativity, research and life experiences. It MUST also include, but is not limited to, responses to the following questions that pertain to the student’s situation:

- What is blindness and how does it apply to you?
- How have your peers and teachers supported your academic achievements?
- How has blindness affected your productivity in school?
- What challenges do you face as a blind student? How are you overcoming those challenges?
- What accessibility aids do you feel have or will increase your ability to learn?
- List the ways accessibility aids will improve your education, work and social goals.
- Explain what new activities you will engage in or pursue during college.
- How do you expect your life to change once you start college and pursue your career goals? Do you think your social, educational, work, and interpersonal relationships will be different?
- What are you looking to accomplish with your college degree in your life and how this award will help you achieve your goals for the future?
- How will you advocate for self-determination for students and other individuals who are blind?

All essays MUST be between 500-1500 words. They can be submitted in braille or in print. Print submissions should be single-spaced in 12-point Arial font with 1” margins.

Additional documents required with the essay:
1. A completed scholarship application
2. Photo of applicant
3. A letter signed by Ophthalmologist/Optometrist stating level of blindness.
4. Letter of Determination of Legally Blind Status from State and/or Federal Government
5. Copy of college or vocational school acceptance letter (if received)
6. A signed photo release form (if student is a minor, then form must be signed by a parent or legal guardian). It is requested parents sign one as well.
7. Two (2) letters of reference, one from a teacher, a guidance counselor, coach etc., and one individual outside of school and family (i.e. employer, community leader, college professor, etc.) Depending on the type of reference, each letter should include, but is not limited to:

   a. Why they recommend student for this scholarship
   b. A brief description of the student’s social involvement in school and in the community
   c. Details of the student’s academic performance
   d. Extracurricular activities

Judges will base their decisions on three overall criteria:

1. The writing quality of the essay, including grammar & punctuation.
2. The content – (i.e.) essay discusses ALL questions, as stated above, that pertain to students situation.
3. Student’s activities and involvement in school, community and home.

Please email your essay, application and all other required documents, in Word and/or PDF format, to: info@fssny.org

**Braille submissions can be mailed to Foundation For Sight & Sound, P.O. Box 1245, Smithtown, NY 11787

Important Information Regarding This Scholarship:

- **DEADLINE to submit essay/scholarship packet:** SUNDAY MARCH 26, 2017
- **Applications received after the deadline will not be considered**
- **Winners will be selected and notified approximately by FRIDAY, May 12, 2017**
- **No employees or family members of the Foundation may apply to this scholarship**
- **All essay’s and supporting materials submitted become the property of Foundation For Sight & Sound and are considered permissible to use for marketing and fundraising purposes.**

For questions or additional information about the Scholarship, please call (631)366-3461.

*The Foundation For Sight & Sound does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, or military status in its selection process.*

For more information about the **Foundation For Sight & Sound** or our programs, please visit our website: www.fssny.org
Student Information:
Last Name: ________________ First Name: ________________ DOB: _______
Address: ___________________ City: ________________ State: ____ Zip: _______
Telephone Number: (___) _______ Email Address: _________________________

Parent Information:
Mother/Legal Guardian:
Last Name: ________________ First Name: ________________ DOB: _______
Address: ________________________________
City: ____________ State: ____ Zip: ________ Ethnicity: ___________________
Telephone Number: (___) _______ Email Address: _________________________

Father/Legal Guardian:
Last Name: ________________ First Name: ________________ DOB: _______
Address: ________________________________
City: ____________ State: ____ Zip: ________ Ethnicity: ___________________
Telephone Number: (___) _______ Email Address: _________________________

Student's Educational Information:
High School: ____________________________________________________________
City: ________________ State: ____ Graduation Year: _____ GPA: __________
SAT Score: _______ ACT Score: _______ Other: ___________________________
College or Vocational School you will be attending:
______________________________________________________________
City: ________________ State: ____ Hours Completed: ____ GPA: __________
Intended Major: ________________________ Intended Minor: __________________

Parent's Educational Background: (Optional Section)
(This information is for statistical purposes only and will NOT be used in selecting recipients)
Mother/Legal Guardian:
Highest Level Of Education Completed: ________________________________
Employed: yes/no Income: under $25,000 __; $25,000-$50,000 __; Above $50,000 __

Father/Legal Guardian:

Highest Level Of Education Completed: __________________________________

Employed: yes/no Income: under $25,000 __; $25,000-$50,000 __; Above $50,000 __

List And Describe Your Involvement In All Activities And Organizations:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

CHECKLIST for Scholarship:
  ____ 1) This Completed Application Form
  ____ 2) Written Essay
  ____ 3) Letter signed by Ophthalmologist/Optometrist stating level of blindness.
  ____ 4) Letter of determination of Legally Blind Status from State and/or Federal Government
  ____ 5) Copy Of College Acceptance Letter (if received)
  ____ 6) Photo Of Applicant
  ____ 7) Signed Photo Release (Signed by parent if applicant is under 18)
  ____ 8) Requested Parent’s sign one as well
  ____ 9) Letters Of Reference (2)

Please email your essay, application and all other required documents, in WORD and/or PDF format, to: info@fssny.org

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_The Foundation For Sight & Sound does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, or military status in its selection process._

_The applicant information collected is used exclusively to select a scholarship recipient. Applicants will be contacted only if there are clarifying questions regarding application information and to inform applicants of their status._

For Questions About **The Scholarship**, Please Call (631)366-3461 Or Visit Our Website At [www.fssny.org](http://www.fssny.org)
I, (print name) ______________________________, hereby grant permission to The Foundation for Sight & Sound (FSS) and the Hearing Healthcare Provider, (in addition to any production company hired by the FSS) to create copy, reproduce, exhibit, publish and distribute any photos or videos/DVDs.

I understand that the above uses may include, but are not limited to videotapes, films, sound recordings, photographs, displays, brochures, websites, multi-media programs, or any other type of promotional medium existing currently or in the future. I, hereby waive, any present or future right to inspect or approve the finished photographs, printed electronic, or electronic matter.

Furthermore, I understand that by granting this permission I am irrevocably surrendering all rights and/or claims to monetary compensation for any future use of this material by the above persons and organizations. I herein give permission to the FSS and their Hearing Healthcare Provider(s) to contact me in the future.

I am 18 years old and I am competent to contract in my own name. I have read this release in its entirety before signing below and I fully understand the contents, meaning, and potential impact of this release. I am fully aware that I have the right to submit questions, in writing, prior to signing the release and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of these terms.

________________________________________ ____________________________
Signature Parent/Guardian (if under 18)

________________________________________
Address

________________________________________
City State/Zip

________________________________________
Phone Date