

**The Juliette RP Vision Foundation**

SCHOLARSHIP PROGRAM APPLICATION FORM Print Edition

**Deadline:** This application form and all other required documentation must be received by May 15th (5:00 p.m. eastern time).

**Mail to:** The Juliette RP Vision Foundation P.O. Box 44515 Rio Rancho, NM 87174.

**Questions?** E-mail: [info@juliettefoundation.org](mailto:info@juliettefoundation.org)

**Website:** [www.JulietteFoundation.org](http://www.JulietteFoundation.org) or call 1-888-465-1482

**Required fields are indicated by an asterisk (\*).**

Eligibility: Students must meet these criteria to be eligible.  
Please initial.

1. \_\_\_\_ \* I confirm that I am legally blind in both eyes OR visually impaired.
2. \_\_\_\_ \* I live in the United States (includes Washington, DC, and Puerto Rico).
3. \_\_\_\_ \* I will be attending a college in the United States in the fall of 2020.
4. \*Name:
  - a. First name\*-- Middle name(s) -- Last name\*:

\_\_\_\_\_

- b. If it is different than your formal name, what do you prefer to be called?:

\_\_\_\_\_

Full Name:

**The Juliette RP Vision Foundation College Scholarship-1**

The Juliette RP Vision Foundation Scholarship Program is restricted to residents of the 50 states of the United States of America, the District of Columbia, and Puerto Rico.

5. \*Home address

\*Address: \_\_\_\_\_

\_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

6. \*Primary telephone: (\_\_\_\_\_) \_\_\_\_\_

7. Secondary telephone: (\_\_\_\_\_) \_\_\_\_\_

8. E-mail:

\_\_\_\_\_

9. \*Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name:

**The Juliette RP Vision Foundation College Scholarship-2**

10. \*What school do you currently attend?

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

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

\*What is your current GPA? \_\_\_\_\_

11. Required for high school students only—college admission composite test score(s). Attach photocopies of all score reports.

ACT \_\_\_\_\_ SAT \_\_\_\_\_ Other:

12. \*What college will you attend in 2020-2021?

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

City: \_\_\_\_\_ State: \_\_\_\_\_

13. \*Classification in fall semester 2020:

\_\_\_\_\_ (freshman, sophomore, junior, senior, graduate, PhD candidate, postgraduate)

Full Name:

**The Juliette RP Vision Foundation College Scholarship-3**

14. \*What profession or field of employment do you wish to enter with your college degree?

15. \*Anticipated year of college graduation:

\_\_\_\_\_

16. \*The Essay:

What does the scholarship committee need to know about you in 1,000 words or less? The committee members will be especially interested in these points: your most notable qualities, your attitude about blindness, and examples of your demonstrated leadership ability.

Attach your essay to this form. The essay is limited to no more than 1,000 words, two print pages (approximately 6,000 characters).

Recommendation: Carefully proof your essay and know that well-done short essays are admired.

17. \*Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name:

The Juliette RP Vision Foundation College Scholarship