The scholarship is open Nationally to high school seniors who are considered legally blind and have low vision or are visually impaired, requiring the use of visual aid(s), other than the use of eyeglasses, in their daily life.

The purpose of this scholarship is to help students with visual challenges reach their full potential. This will further allow the students to build confidence and self-esteem as they prepare to begin their college or vocational school 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 $1000 towards the student’s college or vocational school of choice and ZoomText Screen Enhancement 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 student’s situation:

- What is vision loss and how does it apply to you?
- How have your peers and teachers supported your academic achievements?
- Explain how vision loss has influenced your productivity in school?
- What challenges do you face as a visually impaired student? How are you overcoming those challenges?
- How do you perceive low vision aids will increase your ability to learn?
- Describe the ways low vision aids can or will improve your education, work and social goals. Explain what new activities you will engage in or pursue with the use of such devices.
- If you do not presently use any low vision aids, what is your knowledge of products and how do you think they will improve your quality of life? What changes will you hope to achieve? 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 would this award help you achieve those goals?
- How will you advocate for self-determination for students and individuals who are visually challenged?

All essays MUST be between 500-1500 words, single-spaced in12-point Arial font with 1" margins.

Additional documents required with the essay:
1. A completed scholarship application
2. Photo of applicant
3. Copies of student’s complete eye examination, including a field of vision test, signed by licensed practitioner. Test must show vision of 2200 acuity corrected or worse in better eye or less than 20 degrees visual field.


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 3 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, MAY 26, 2019.**
- **Applications received after the deadline will NOT be considered**
- Winners will be selected and notified approximately by FRIDAY, JUNE 21, 2019.
- No employees or family members of Foundation For Sight & Sound may apply to this scholarship
- All essays and supporting material becomes the property of Foundation For Sight & Sound and is considered permissible to use for its marketing and fundraising purposes.

For questions or additional information about the scholarship, please call (888)580-8886.

*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 visit our website: www.foundationforsightandsound.org*
Student Information:
Last Name: ________________ First Name: ________________ DOB: ____________
Address: ________________ City: ________________ State: ____ Zip: ____________
Telephone Number: (____) _______ Email Address: ________________________

Parent Information:
Mother/Legal Guardian (Preferred parental contact):
Last Name: ________________ First Name: ________________ DOB: ____________
Address: ____________________________
City: ____________ State: ____ Zip: _________
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: _____________________
High School Contact (i.e., Principal, Vice Principal, Guidance counselor)
________________________________________________________

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

CHECKLIST For The Help America See 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) 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 Help America Hear Scholarship, Please Call (888)580-8886 Or Visit Our Website At www.foundationforsightandsound.org
I, ____________________________, 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.

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