



## MARLENE LARSON SCHOLARSHIP

### APPLICATION FORM

**Student's Name:** (please print)

\_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Names)

**Home Address:**

\_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone

\_\_\_\_\_ email

**Write a letter stating how you meet the requirements (see criteria). Date and sign the letter.**

**Describe your visual impairment and the impact it has had on your life:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your most recent academic achievements and your educational/vocational plans for the future:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your extra curricular activities at school and/or in your community:**

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If my application is successful, the application and related information may be forwarded to the donor and/or donor's organization.

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Student's signature

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Date

**PLEASE ATTACH THE FOLLOWING:**

- Transcript of grades**
- Cover letter**
- Letters of reference from teacher, vision teacher, CNIB, etc.**
- Proof of visual impairment from eye care specialist, CNIB or vision teacher**