Dear Scholarship Applicant:

Enclosed are the forms you need to apply for the Renee Feldman Scholarship offered by the Blinded Veterans Association Auxiliary. This will be the Thirtieth (38th) year that the BVA Auxiliary has offered scholarships to the children or spouse of Blinded Veterans. The deadline for applying is January 31, 2021.

Please be sure to fill out the forms completely. Remember, as you fill in these forms, that each will have to be copied for the use of each Scholarship Committee member.

Please be sure that they are completed on a typewriter, word processor, or printed legibly in black ink on 8 1/2 X 11inch paper. Our Scholarship committee is looking forward to reviewing your completed application materials and selecting the top three candidates for the scholarships.

Two of the recipients will receive $2000 and one will receive $1000 for the 2021-2022 academic years--half will be sent in August and the remaining half in December. If you have any further information that you feel the Committee should have, please type or print it on an additional sheet, NOT on any of the forms.

Best wishes to each of you.

Sincerely,

Lottie Davis, Chairperson
Renee Feldman Scholarship Committee
Blinded Veterans Association Auxiliary
615 S. Adams Street
Arlington, VA 22204-2112
Phone: 703-521-3745
lottie.pete@verizon.net
The Auxiliary of the Blinded Veterans Association will award three scholarships for the 2021-2022 academic year. There will be two scholarships in the amount of $2000 each, and one scholarship in the amount of $1000, to the children or spouses of Blinded Veterans whose blindness is either SERVICE CONNECTED or NON-SERVICE CONNECTED. The award is made in two installments, (August and December) to the institution in which the student is enrolled, and may be used only for tuition, books, and fees.

This scholarship is open only for full time students in an accredited vocational technical school, community college, college, or university. Students may apply each year of study and may receive up to three annual scholarship awards.

To be eligible, an applicant must be either a child or spouse of a Blinded Veteran. Grandchildren are not eligible. The veteran need not be a member of the Blinded Veterans Association. The veteran's blindness may be either Service Connected or Non-Service Connected, but it must meet the following definition:

Central visual acuity of 20/200 or less in the better eye with corrective glasses, or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees in the better eye.


Please fill out every form completely. Applicants will be selected for the award on the "best-qualified" basis, with the major emphasis for consideration based on need and academic achievements. However, your 300-word essay describing your post-education, lifetime plans, and career goals, also weigh heavily. Remember you may be awarded a scholarship up to three times during your academic years. If you have any questions about these forms or requirements, please write or call the Chairperson of the committee, listed below.

With best wishes to each of you,

Lottie Davis, Chairperson
Renee Feldman Scholarship Committee
Blinded Veterans Association Auxiliary
615 S. Adams Street
Arlington, VA 22204-2112
Phone: 703-521-3745
lottie.pete@verizon.net
General Instructions

1. Please read the instructions and questions on this application carefully before attempting to supply the information requested.

2. Please type, prepare on word processor, or print plainly in black ink the information requested on this form and in all supporting statements.

3. Whenever the space provided on the form is inadequate, please attach a separate sheet or sheets (on 8-1/2" x 11" paper) to present fully the information requested.

4. Applicant's name should be clearly printed on each page of this form, on each additional sheet and on all documents submitted.

DATE OF APPLICATION: ___________________

NAME: ___________________________________________________________________________
    First                    Middle                 Last
Date of birth: ____________          Sex_______________________

HOME ADDRESS: _________________________________________________________________
    Street No.                           City                                 State     Zip

HOME TEL: #______________________ SOCIAL SECURITY NO: _________________________

E-MAIL ADDRESS: __________________________________________________________________

STATE IN WHICH YOU CLAIM RESIDENCE: _____________________________________________

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR BLINDED VETERAN.

NAME: ______________________________________________RELATIONSHIP: _____________
    First                 Middle                 Last
VA FILE NUMBER: ________________________________________________________________

SOCIAL SECURITY NUMBER: ________________________________________________________
APPLICANT’S NAME ____________________________________________

PERMANENT ADDRESS OF BLINDED VETERAN ___________________________________________

Street Address

City State Zip

PERMANENT TELEPHONE NO# OF BLINDED VETERAN: _______________________________________

MARITAL STATUS OF STUDENT __________________ SPOUSE’S NAME: _______________________

(S, M, D, SEP)

HAVE YOU PREVIOUSLY RECEIVED a BVAA SCHOLARSHIP? ___________________

IF SO, WHEN AND AT WHAT INSTITUTION? ____________________________________________

TRANSCRIPTS: YOU MUST SUBMIT A TRANSCRIPT OF YOUR HIGH SCHOOL RECORDS. IF YOU HAVE
ATTENDED AN INSTITUTION OF HIGHER EDUCATION (OR SEVERAL OF THEM) YOU MUST SUBMIT A
TRANSCRIPT OF YOUR RECORDS AT EACH INSTITUTION.

LIST ALL EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED INCLUDING HIGH SCHOOL.

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<th>Degree</th>
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INSTITUTION FOR WHICH SCHOLARSHIP IS SOUGHT. (MUST BE AN ACCREDITED INSTITUTION OF
HIGHER EDUCATIONAL, BUSINESS, SECRETARIAL, OR VOCATIONAL TRAINING SCHOOL)

NAME AND ADDRESS OF INSTITUTION: ________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

STUDENT NUMBER _____________________________________________________________
APPLICANT’S NAME______________________________________________________________

ARE YOU PRESENTLY ATTENDING? _________________________________________________

IF NOT, WHEN WERE YOU ACCEPTED FOR ADMISSION? _______________________________  

WHAT PROGRAM ARE YOU IN, UNDERGRADUATE OR GRADUATE, FIELD OF STUDY?  
________________________________________________________________________________

WILL YOU BE A FULL-TIME STUDENT? ______________________________________________

WHEN WILL YOU GRADUATE? ______________________________________________________ 

COST PAYABLE DIRECTLY TO INSTITUTION:

ITEMIZE THE ESTIMATED COSTS, PAYABLE ITUITION, BOOKS, AND OTHER ACADEMIC FEES FOR THE  
COMING YEAR.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

EMPLOYMENT EXPERIENCE: (GIVE EMPLOYER, DATES OF EMPLOYMENT, AND TYPE OF WORK, OR  
PLACES YOU HAVE VOLUNTEERED AT.)

1. _______________________________________________________________________________

__________________________________________________________________________________

2. _______________________________________________________________________________

__________________________________________________________________________________

3. _______________________________________________________________________________

__________________________________________________________________________________
SUBMIT THE FOLLOWING WITH YOUR APPLICATION OR SEPARATELY (IT IS YOUR RESPONSIBILITY TO ENSURE THAT REQUIRED ITEMS REACH THE SCHOLARSHIP COMMITTEE BY THE DEADLINE FOR SUBMITTING APPLICATIONS). YOU MAY SUBMIT OTHER EVIDENCE OF ACHIEVEMENT IN THE ACADEMIC AND/OR NON-ACADEMIC FIELDS, WHICH YOU BELIEVE QUALIFIES YOU FOR A SCHOLARSHIP AWARD. SUCH EVIDENCE MUST BE SUBSTANTIATED BY DOCUMENTATION, I.E. COPY OF THE AWARD CERTIFICATE, COPY OF THE CITATION, ETC.

300 WORDS ESSAY REQUIRED: DESCRIBE YOUR POST EDUCATION, LIFETIME, CAREER GOALS AND PLANS FOR AFTER COMPLETING YOUR EDUCATION AND OUTLINE YOUR PLANS TO ACCOMPLISH THEM. IT IS HIGHLY RECOMMENDED THAT THE ESSAY BE PREPARED USING A TYPEWRITER OR WORD PROCESSOR.

CURRENT LETTERS OF REFERENCE: PLEASE SUBMIT THREE LETTERS OF REFERENCE WHICH MUST BE FORMALIZED THROUGH THE USE OF LETTERHEAD PAPER OR BUSINESS STATIONARY BY THE AUTHORS, INSOFAR AS POSSIBLE. LETTERS OF REFERENCE USED FOR PREVIOUS BVAA SCHOLARSHIPS APPLICATIONS WILL NOT BE ACCEPTED.

ONE LETTER OF REFERENCE MUST BE RELATED TO YOUR ACADEMIC ACHIEVEMENTS (FROM A PROFESSOR, TEACHER, OR COUNSELOR).

TWO (2) LETTERS OF REFERENCE MUST BE PERSONAL REFERENCES IN WHICH THE AUTHOR MUST IDENTIFY HIS/HER RELATIONSHIP TO THE APPLICANT. (THESE PERSONAL REFERENCES MUST BE FROM SOMEONE OTHER THAN FAMILY MEMBERS.)

MAIL YOUR APPLICATION AND REQUIRED MATERIALS TO:

Lottie Davis, CHAIRMAN.
RENEE FELDMAN SCHOLARSHIP
BLINDEDVETERANS ASSOCIATION AUXILIARY
615 S. Adams Street
Arlington, VA 22204-2112

THE RENEE FELDMAN SCHOLARSHIPS ARE AWARDED FOR ONE YEAR ONLY. APPLICANTS ARE ADVISED THAT BVAA SCHOLARSHIP GUIDELINES PERMIT AN INDIVIDUAL TO RECEIVE ONLY A TOTAL OF THREE (3) BVAA SCHOLARSHIPS, UNDER THIS PROGRAM.

YOU'RE APPLICATION, AND ALL SUPPORTING MATERIALS, MUST BE RECEIVED BY THE BVAA SCHOLARSHIP CHAIRMAN NOT LATER THAN January 31, 2021 TO BE CONSIDERED FOR THE 2021-2022 ACADEMIC YEAR.