



Association for Education and Rehabilitation
of the Blind and Visually Impaired

2020 William and Dorothy Ferrell Scholarship

Applications are now being accepted for the 2020 William and Dorothy Ferrell Scholarship, which is awarded biennially to two selected applicants studying for a career in the field of services to children or adults who are blind or visually impaired. The two \$1,000 scholarship winners will be announced prior to the AER International Conference 2020, scheduled for July 22-26, 2020, in St. Louis, MO.

Deadline for submitting applications is April 30, 2020, and scholarship recipients will be notified on or around May 31, 2020.

Eligibility Criteria:

- Applicants for the Ferrell Scholarship must be legally blind (have a visual acuity of 20/200 or less in the best-corrected eye and/or a visual field of 20 degrees or less.)
- Applicants must be studying at the post-secondary level for a career in the field of services to persons who are blind or visually impaired. Applicants may be located in any country.
- Applications must be typed and submitted electronically to AER at michele@aerbvi.org.
- At least one letter of recommendation (no more than two) and an original, signed Certification of Visual Status must be mailed separately to AER Scholarship Committee, 5680 King Centre Drive, Suite 600, Alexandria, VA 22315.
- The deadline for consideration for the 2020 Scholarship is **April 30, 2020**. All application materials must be in the AER office by that time.



Association for Education and Rehabilitation
of the Blind and Visually Impaired

2020 William and Dorothy Ferrell Scholarship Application

I. Personal Data (All applicants must be legally blind.)

Name:			
Street Address:			
City, ST ZIP/Postal Code:			
Phone:		Email:	
Date of Birth:			
High School Graduation Date:			
Preferred Contact Method:			

If you are selected as a Ferrell scholarship recipient, will you be able to attend the AER International Conference 2020 in St. Louis MO, July 22-26. AER will provide free conference registration; travel expenses are your own.

Yes ____ No _____

II. Educational Background

A. Current Educational Institution

Educational Institution Attending:			
Full Address:			
Cumulative Grade Point Average: (based on a 4.0 scale)			
Major:			
Full or Part Time:		# of Hours:	
Degree/Certificate Sought:			

B. Educational Institution you plan to attend next academic year (if different from above)

Full Street Address:			
Cumulative Grade Point Average: (based on a 4.0 scale)			
Major:			
Full or Part Time:		# of Hours:	
Degree/Certificate Sought:			

Note: If you are entering the school as a freshman or transfer student, proof of acceptance must be sent with your letters of recommendation and certification of visual status. If you have not been notified of your acceptance as of the date of this application, please indicate the date you expect to receive notice from the institution:

_____.

C. List any other secondary or post-secondary schools you have attended

Educational Institution Attending:			
Street Address:			
City, ST ZIP/Postal Code:			
Cumulative Grade Point Average: (based on a 4.0 scale)			
Dates Attended (from-to):			
Major:		# of Hours:	
Degree/Certificate Received (type and date):			

Educational Institution Attending:			
Street Address:			
City, ST ZIP/Postal Code:			
Cumulative Grade Point Average: (based on a 4.0 scale)			
Dates Attended (from-to):			
Major:		# of Hours:	
Degree/Certificate Received (type and date):			

(Include additional information if you have attended additional secondary or post-secondary institutions.)

D. Explain why you have chosen the field or course of study you are pursuing and whether you wish to work with children, adults or elderly persons who are blind or visually impaired. (You may also include more details about your plans in your autobiographical sketch requested in **E.**).

E. In addition to information provided elsewhere on this application, please provide a brief autobiographical sketch, including a statement about your vocational goals, any work or volunteer experiences you may have had, major outside activities (school, church, community, sports, organizational, recreation, etc.), including the extent to which you played a leadership role, and any other details about your objectives which you feel are significant.

III. Other Scholarships

Please list other scholarships which you have received and note date awarded. (Please note that preference will be given to qualified applicants who have not received other scholarships.)

IV. References

Please submit at least one letter of recommendation (no more than two letters) from a teacher, professor, agency personnel, employer, or others whom you feel may provide more information about you and your qualifications.

V. Verification of Application

Please provide the name and contact information of one person not related to you who can verify the information provided on this scholarship application.

Name:	
Phone:	
Email:	
Relationship to this person?: (teacher, colleague, friend, etc.)	

VI. Certification of Visual Status

This section is to be completed and signed by an ophthalmologist, optometrist, physician, or an agency executive serving people who are visually impaired who is authorized to verify the fact that you are legally blind. Please give the form on the following page to the person certifying your visual status.

Note: Letters of Recommendation, the original Certification of Visual Status, and proof of university/college acceptance, if necessary, should be mailed to:

AER 2020 Scholarship Committee
5680 King Centre Drive, Suite 600
Alexandria, VA 22315

To be considered for the 2020 Ferrell Scholarship Award, all material must be received in full to AER by April 30, 2020.

If you have questions, please contact AER at 703-671-5875, 9:00 a.m. – 5:00 p.m., Eastern, or email michele@aerbvi.org.



2020 William and Dorothy Ferrell Scholarship Certification of Visual Status

This is to certify that the person named on this scholarship application is known to me and is legally blind (he/she has a visual acuity of 20/200 or less in the best corrected eye and/or visual field of 20 degrees or less.)

Name of Scholarship Applicant:				
Visual acuity of applicant (corrected):	Right Eye		Left Eye	
Visual Field Limitation (if any):				
Name of Person Certifying Visual Status:				
Title:				
Signature:				
Date:				
Day Phone:				
Email:				

Please submit in one of the following three ways:

AER 2020 Scholarship Committee
5680 King Centre Drive, Suite 600
Alexandria, VA 22315

Email to michele@aerbvi.org

For the candidate to be considered for the **2020 William and Dorothy Ferrell Scholarship**, all material must be submitted to AER by **April 30, 2020**.

