



Bret Dahmke Scholarship Fund Application

***Must reside in Kentucky and have a child with a visual impairment/blindness,
within the age range of birth to high school**

Parent/Guardian Applicant Name: _____

Child/ren w/visual impairment Name & Age/s: _____

Child's current school or if they are receiving VIPS services: _____

Mailing address, City, ST, Zip: _____

Cell Phone: _____ *if we have questions; more importantly if YOU are the recipient!

What conference would you like to attend, please list Conference Name and date/s:

Please write a short narrative of what you and your family could gain from this opportunity:

If more room is needed, please attach an additional page.

Parent/Guardian Signature: _____ Date: _____

***Deadline is March 11, 2024, email to: cdahmke@vips.org or mail to:
Carol Dahmke, VIPS, 1906 Goldsmith Lane, Louisville, KY 40218**