**Bret Dahmke Scholarship Fund Application**

\*Must reside in Kentucky or Indiana and have a child with blindness or low vision,

within the age range of 1 year old to 17 years old.

Parent/Guardian Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/ren w/blindness or low vision - Name & Age/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:

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

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**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Deadline is Friday March 14, 2025, email to Carol Dahmke at:** [**cdahmke@vips.org**](mailto:cdahmke@vips.org)

**We look forward to reading your submitted application!**