

POULSON FAMILY SCHOLARSHIP APPLICATION, Part Two

VI. Certification of Visual Status

To be completed by an ophthalmologist, optometrist, or agency serving the blind.

This certifies that _____,
in his/her best eye with best correction, has a visual acuity of _____, a
visual field of _____ degrees, or a functional visual impairment (please describe)

Name: _____

Title: _____

Address: _____

Phone: _____

Date: _____

Signature: _____

Send the completed form via E-mail to ucb.board@gmail.com

Or mail to: Utah Council of the Blind

1301 West 500 South

Woods Cross, UT 84087