Kentucky Council of the Blind

Scholarship and Assistive Technology Grant Program

Visual Impairment Verification Form

This form is to be completed by a physician, rehabilitation counselor, orientation and mobility specialist, teacher of the visually impaired, or other competent authority. The completed form must be emailed to [grants@kentucky-acb.org](mailto:grants@kentucky-acb.org).

Name of Scholarship or Assistive Technology Grant applicant:

This is to certify that the applicant named above is known to me and is visually impaired in that he/she has a visual acuity of 20/70 or less in the better corrected eye and/or 20 degrees or less visual field in the better corrected eye.

Name:

Title/Certification:

Address:

City/State/Zip:

Phone:

Signature (Typed name indicates signature):

Date:

Please email this completed form to [grants@kentucky-acb.org](mailto:grants@kentucky-acb.org)

Kentucky Council of the Blind

Scholarship and Assistive Technology Grant Program

148 Vernon Avenue

Louisville, KY 40206

Phone: 502-895-4598

Email: [grants@kentucky-acb.org](mailto:grants@kentucky-acb.org)

E-mail submission required