

See Through My Eyes Scholarship Application

Purpose

The purpose of the STME scholarship program is to provide financial assistance to university students who are vision impaired or blind who are working toward a sustainable and rewarding career in their chosen field.

Scholarships

Up to four scholarships of \$2000 will be awarded to undergraduate or postgraduate students. Scholarships are for one year only. Funds awarded can be spent on the following:

- Payment of university tuition fees
- Payment of student contribution fees
- Purchase of textbooks and other course materials
- Purchase of adaptive technology
- Living expenses associated with study

Fund allocation will be approved by the See Through My Eyes Board of Management prior to distribution and can be spent on a combination of the above.

Funds will be electronically transferred into recipient's bank account upon submission of receipt documenting payment of education related expense and/or STME to make payment directly to institution or other service provider on behalf of scholarship winner.

Eligibility

1. Applicant must be diagnosed with a permanent vision condition that can not be corrected and meets at least one of the following:
 - a. Visual acuity of 6/60 or less in at least one eye.
 - b. Visual field of less than 20 degrees.
 - c. Vision loss severely affecting daily life.

2. Applicant must be enrolled in a recognised Australian University in an undergraduate or postgraduate program and be continuing the course for at least one year from application.
3. Applicant must be registered with STME.
4. Applicant must be a citizen or permanent resident of Australia.

STME will not award scholarships to applicants who do not meet the eligibility criteria and reserves the right not to award a scholarship in a given year.

Selection Criteria

1. Response to application questions.
2. Letters of recommendation.
3. Academic results.

Application Requirements

To be considered for a STME scholarship, applicants must complete and application and return to STME by November 30 2016. The application must include:

1. A completed application form. *Only completed application forms will be considered.*
2. Letter from specialist/optometrist confirming diagnosis.
3. Proof of enrolment from university.
4. Most recent academic results.
5. Two letters of recommendation.

Submission of Application

The application form below is a fillable file. Fill it out completely electronically then 'Save a Copy'. Note that the application requires a signature. You may provide an electronic signature or print out the completed application, sign it and either scan it as a pdf or mail the printed application.

Other documents may be scanned and emailed or sent via mail.

Completed applications should be emailed to info@seethroughmyeyes.org.au.

Alternatively, completed printed applications should be posted to:

See Through My Eyes Scholarships

PO Box 4041

Kogarah Bay NSW 2217

**Please note that completed applications must be received
by 30 November 2016.**

See Through My Eyes Scholarship Application Form

Part A: Applicant Details

First Name(s): [Click here to enter text.](#)

Surname: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

State:[Click here to enter text.](#)

Postcode: [Click here to enter text.](#)

Date of birth: [Click here to enter text.](#)

Sex: Male Female

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Part B: Diagnosis

Visual diagnosis: [Click here to enter text.](#)

Diagnosis date: [Click here to enter text.](#)

Visual acuity: [Click here to enter text.](#)

Visual field: [Click here to enter text.](#)

Other: [Click here to enter text.](#)

Treating practitioner: [Click here to enter text.](#)

How does your condition affect your life on a daily basis: [Click here to enter text.](#)

Please attach a letter from your practitioner confirming the above diagnosis.

Part C: Questions

1. What course are you studying and why did you choose this course? (500 word limit)

[Click here to enter text.](#)

2. What are your goals upon completion of this course? (500 word limit)

[Click here to enter text.](#)

3. Are you currently receiving, or have you in the past, a scholarship, bursary or supplement toward your studies?

[Click here to enter text.](#)

Please include a letter from your institution confirming enrolment.

Part D: Declaration

I, (please insert name) [Click here to enter text.](#) declare that the information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

Applicant's signature: [Click here to enter text.](#)

(By entering your name you acknowledge the statement above)

Date: [Click here to enter text.](#)