

Visual Verification

To be completed by an ophthalmologist, optometrist, physician, agency executive serving the blind or other competent authority.

This is to certify that the person named on this scholarship application is known to me and is legally blind 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

Address:

City/State/Zip:

Phone:

Date:

Signature:

Paula Weiss

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Paula Weiss