



Empowerment Scholarship Account

Confirmation of Legal Blindness

Confirmation of legal blindness is required for a student to qualify for the Empowerment Scholarship Account under the category of a child of a parent who is legally blind.

"Blindness" means having either of the following:

- A central visual acuity of 20/200 or less in the better eye with the use of a correcting lens.
- A degenerative condition that reasonably can be expected to result in a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens.
- "Central visual acuity of 20/200 or less" includes having a limitation in the field of vision so that the widest diameter of the visual field subtends an angle of not more than twenty degrees.

Applicant/Patient:

Name: _____ Date of Birth: _____

Address: _____

Best corrected vision: OD (Right Eye): _____ OS (Left Eye): _____

OU (Both Eyes): _____

Width of Visual field (in degrees): _____

Certifying Authority:

I certify that _____ is legally blind in both eyes as specified in the Arizona Revised Statutes definition quoted above.

(Signature) _____ (Date) _____

(Title) _____

Please include your business information below:

(Name) _____

(Profession) _____

(Address) _____

(Phone Number) _____