

Please send this application along with the following:

1. A 200 word essay that describes yourself and your need for assistance
2. A letter of recommendation from your teacher.
3. A written statement by your eye Doctor or school nurse describing your eye condition and need of assistance
4. Documentation of parent's financial need (i.e. current tax return, most recent bank statement, payroll statement)

Each of the above must be returned together in one envelope to:

The Dr. Bill Takeshita Foundation

12301 Wilshire Blvd. Suite 600

Los Angeles, CA 90025

Attention: Nancy Higa

310.459.3306 Extension 152

The Dr. Bill Takeshita Foundation

Application for Scholarship Award

Name: _____

Address: _____

City: _____

Zip code: _____

Phone: () _____

Date of Birth: _____

Name of School: _____ Grade: _____

Name of eye doctor: _____

Is the student legally blind? _____

Does the student use low vision aids? _____

What vision aides does the student use?

How would you like for us the help?

Guardian or Father's name: _____

Occupation: _____

Address: _____

City: _____

Zip code: _____

Phone: () _____

Guardian or Mother's name: _____

Occupation: _____

Address: _____

City: _____

Zip code: _____

Phone: () _____