

2025 Kentucky Office of Vocational Rehabilitation Coca-Cola Scholarship Application

Submission Deadline - June 15, 2025

Scholarship Requirements

Applicant must:

- be legally blind
- be a consumer of the KY Office of Vocational Rehabilitation w/ an Individualized Plan for Employment (IPE)
- have a minimum accumulative 2.75 GPA
- be accepted as a full-time student at an accredited postsecondary college/trade school for Fall of 2025
- provide two (2) signed letters of recommendation, from non-family members, written within the last six months
- complete a 500-word essay (topics listed below)

Personal Information

*** Indicates required fields. All information must be typed.**

* Name of Applicant		* Date of Application	
* Address			
* City		* State	* Zip Code
* Phone	* Email		
* OVR Counselor			
* Have you applied previously for this scholarship?		If yes, indicate which year(s)	

Education Information

* Name of High School	* Graduation Year (or Year GED received)
* College/trade school attending in Fall 2023	
* Major	* Indicate type of degree being sought

Employment Experience (please list most recent first)

Current (or most recent) Employer		
Address		
Job Title	Start Date	End Date
Previous Employer Name		
Address		
Job Title	Start Date	End Date
Previous Employer Name		
Address		
Job Title	Start Date	End Date

Essay

A completed 500-word essay is required. Please choose one of the topics below. You must select a different essay topic each time you apply for the scholarship and indicate the topic as the title of your essay. **Using duplicate essays or topics from previous years will disqualify you from scholarship eligibility. All work submitted must be your own.**

Essay Topics (choose one)

- Indicate your field of study and why you have chosen this career goal.
- Describe the influence someone in your chosen career has had on your decision to enter this field.
- How will your educational pursuits contribute to your vocational goal?
- Describe your personal success and how it relates to your chosen field.
- Describe your long-term goals in your chosen vocational field.

Required Documents Checklist

Completed application form

Two (2) signed letters of recommendation from non-family members (educators or employers preferred – must be written within the past six months)

Copy of class schedule for Fall 2025 from the school **OR** acceptance letter if not yet registered for classes

Completed essay which contains the title of the topic you have selected.

Most recent transcript (transcript must be the final transcript for the year). Proof of legal blindness. (Confirmation of Legal Blindness form follows on page 4).

Please complete this form electronically and attach it, along with all other required documents, to an email and send to Jennifer Wright at JenniferN.Wright@ky.gov no later than June 15, 2025. All documents must be labeled and submitted in PDF or Word format.

If you have any issues with doing so, please contact Ms. Wright at 502-234-0675.

Note: All instructions must be followed completely and all documents submitted as specified.

Confirmation of Legal Blindness

Confirmation of legal blindness is required for special consideration or disability services from the IRS, Social Security, and other federal, state, and private organizations. The federal government defines blindness as follows:

[B]lindness and the term "blindness" means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes in this paragraph as having a central visual acuity of 20/200 or less. ^[1]

Plain Language: A person is considered legally blind if the vision in the right eye and the left eye (both eyes) is 20/200 or less when wearing glasses or contacts or both, or if the field of vision for both eyes together is 20 degrees or less.

* required fields

Consumer/Client/Patient Information

* Name		* Date of Birth	
* Address			
Best-corrected visual acuity (BCVA):	* OD (Right Eye)	* OS (Left Eye)	* OU (Both Eyes)
* Visual field (in degrees)	* Specific eye condition(s)		

Certifying Authority

I certify that
is legally blind in both eyes as specified in the federal definition quoted above.

Signature

Date

Title

Please attach a business card that includes your name, profession, and business address

[1] Social Security Act: 42 U.S.C. § 416(i)(1)(B) (Supp. IV 1986)