

**JOE LIPOMI MEMORIAL SCHOLASTIC GRANT**  
**APPLICATION**

**Purpose:** The Virginia Lions Eye Institute Joe Lipomi Memorial Scholastic Grants are given to qualified visually impaired individuals and sponsored by individual Lions clubs of District 24-L. The overriding objectives of the grants are to enhance the potential for the recipients to achieve an independent, self-supporting life. Grant dollars may be used for assistive devices, educational/training expenses, and other expenses associated with the objectives of the Grants and the recipients in the year in which the grants are received.

**Qualifications:**

1) Visual acuity must be limited to 20/70 or less, best corrected in the best eye or a binocular visual field of 30 degrees or less. Sight must be documented by an eye care professional (Ophthalmologist or Optometrist).

2) Sponsorship by a Lions Club with a recommendation by the sponsoring club. VLEI will find a sponsoring club if the applicant needs that service.

3) The Grant Application must be accompanied by a separate Essay explaining why the grant is needed and how the funds will be used, along with the approximate expense. It is helpful if the applicants "introduce themselves" and describe their interests and objectives for the future. Other than 1) above, the Essay is the only information the Board of Trustees have to distinguish between applicants when the number of applications Exceed the annual budget for Grants. First time applicants receive priority over applications from those who have received previous Grants. Applicants are limited to three years of awards.

**Required Personal Data (SSN may be ATTACHED on a plain sheet without name if desired)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_  
(Must be Legible to be useful)

**Visual Disability:**

Visual acuity with best correction: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Visual field (binocular) Degrees \_\_\_\_\_

**Ophthalmologist/Optomtrist evaluation with signature and contact information should be attached**

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**Amount Requested:** \$ \_\_\_\_\_ (Maximums - \$3,000 1<sup>st</sup> time; \$2,000 2<sup>nd</sup> time; \$1,000 3<sup>rd</sup> time.)

**Name of your TVI (Teacher of Visually Impaired):** \_\_\_\_\_

**Sponsoring Lions Club:** \_\_\_\_\_

Completed applications must be mailed to: VLEIF, C/O Sandi Armendaris, 7623 Virginia Avenue, Falls Church, VA 22043-3202, and must arrive NLT December 5<sup>th</sup>. Approved applicants will be notified when the selection process is completed. The grants will be presented at a venue determined by the Scholastic Grant Committee. Details will be announced when finalized. Questions should be sent via e-mail to: [woodywoodard@cox.net](mailto:woodywoodard@cox.net) (subject: Scholastic Grant) or call 703-314-088

For more information on our mission to serve, visit our Website at: <http://vleif.org/>