The Dale M. Schoettler Scholarship for Visually Impaired Students was established in 1991 by Mr. Schoettler, who was a successful businessman from Mountain View, California and blind the last eight years of his life.

Sixty-five (65) scholarships of $6,500 each will be awarded for the 2014-2015 academic year.

- Applicants must currently have a minimum cumulative GPA of 2.8 on a 4.0 scale and must maintain a minimum GPA of 2.8 on a 4.0 scale during the academic year in which the award is received.
- Applicants must be currently enrolled in 6.1 units or more as a CSU undergraduate or graduate student in any major field and must remain enrolled in 6.1 units or more during the academic year in which the award is received.
- Applicants must have a visual disability and provide verification from a medical health professional, which includes the best corrected visual acuity notations.

Financial Aid Offices should provide information about the availability of this scholarship to the Disabled Student Services Office. Each campus may nominate as many candidates as they would like for consideration for the scholarships. Students who have previously been nominated and/or awarded the Schoettler scholarship may continue to apply each year they meet the qualifications.

To be considered, an application MUST include the following:
- Scholarship Applicant Information form
- Medical health professional’s verification of visual disability, which includes the best corrected visual acuity notations (Please see below)
- A brief Personal Statement describing their background, personal achievements, challenges they have encountered, educational pursuits and goals and aspirations for the future

Applications are accepted on a year round basis.
CONFIRMATION OF VISUAL DISABILITY

Consumer/Client/Patient:

Name:_____________________________________ Date of Birth:________________

Address:____________________________________

Best Corrected vision:    OD (right eye) ____________      OS (left eye)__________________

                       OU (both eyes____________

Visual Field (in degrees):_________________________

Specific eye condition(s):

Certifying Authority:

I certify that _____________________________ has a visual disability as specified above.

(Signed)_____________________________________(Date)_________________

(Title)____________________________________

Print/type your name, profession, and address here: