



VISION HERO PROGRAM PARTICIPANT APPLICATION

Background:

The Vision of Children Foundation, a 501(c)(3) nonprofit, was established in 1991 to find cures hereditary childhood blindness and vision disorders in children. The primary focus is to provide funds for vision research and to improve the quality of life of visually impaired individuals and their families.

The Foundation's **Vision Heroes Program**, and accompanying videos and blog posts, honors young people who have overcome their vision challenges and are living their lives to the fullest. Our existing roster of Vision Heroes includes a gymnast, an artist, a musician, and a golf champion.

We are seeking inspiring young people (under 21 years of age) who have overcome their vision challenges despite being told they have limitations that may hold them back from achieving their dreams. These remarkable Vision Heroes motivate others to persevere and reach their personal goals --whatever they may be. By spotlighting new Vision Heroes regularly, we hope to encourage other young people to realize their talents and reach their full potential in life!

Applications for Vision Heroes are reviewed regularly by an Advisory Board. Please fill out this form if you would like to nominate a young person for this program.

Recommender Information:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Relationship to Candidate: _____

Candidate Information:

Name: _____

Address: _____

City, State, Zip: _____

Birth date: _____

Diagnosis or description of candidate's eye condition:

Why would this candidate make an inspiring Vision Hero? Please include information on talent and achievements, and briefly explain how the candidate overcame his/her vision challenges to achieve their goals.

Parent(s) Name (if different from recommender) _____

Email: _____

Phone: _____

Note: If selected, the Vision Hero (or parent/guardian if under 18) must be willing to sign a release form granting the Vision of Children Foundation permission to his/her likeness or image and recorded speech in a photograph or videotape to be used in all media forms (including newsletters, informational publications, presentations, website, social media).

Signature of candidate (or parent/guardian if under 18):

Signature: _____

Date: _____

Return:

Thank you for taking the time to complete this application. Please email the completed form to info@visionofchildren.org; or fax to 858.314.7920; or mail to:

**The Vision of Children
12555 High Bluff Dr., Suite 330
San Diego, CA 92130**

For questions about the Vision Hero Program, please contact The Vision of Children Foundation:
Phone: 858.314.7916 Email: info@visionofchildren.org