



The Sight Center of Northwest Ohio announces the  
***2026 Fatima H. Shousher Educational Fund Award***

## **Guidelines**

### **Eligibility Criteria**

#### **Applicant will:**

- Be blind or have vision less than 20/70 in the better eye with best correction
- Have a minimum GPA of 2.5 or above
- Furnish proof of enrollment in an institution of higher education (college or university)
- Live in one of the 18 counties served by The Sight Center
- Be between the ages of 18 and 30
- Submit completed application, essay and school transcript by **May 31, 2026**

Mail or e-mail completed application package to:

The Sight Center of Northwest Ohio  
Attn: Shousher Educational Fund  
1002 Garden Lake Parkway  
Toledo, OH 43614  
[info@sightcentertoledo.org](mailto:info@sightcentertoledo.org)

The applications will be reviewed and recipients selected by a committee consisting of volunteers from The Sight Center. The award will be announced by mid-June 2026.

Please submit any questions to Tim Tegge, Executive Director, at [ttegge@sightcentertoledo.org](mailto:ttegge@sightcentertoledo.org) or (419) 720-3937 x3804.



## FATIMA H. SHOUSER EDUCATIONAL FUND APPLICATION 2026

|    |                                                                                                                                      |             |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. | Last Name:                                                                                                                           | First Name: |
| 2. | Address:<br>City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>                                  |             |
| 3. | Phone Number:                                                                                                                        |             |
| 4. | Email Address:                                                                                                                       |             |
| 5. | Date of Birth (mm/dd/yyyy):                                                                                                          |             |
| 6. | Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)<br>Attach proof of GPA. Your most recent school transcript is required. |             |
| 7. | Are you a client of The Sight Center? ____ YES ____ NO<br>If NO, please include verification of your visual acuities.                |             |
| 8. | Name and location of the institute of higher learning you are attending:                                                             |             |
| 9. | List any high school academic honors, awards and membership activities:                                                              |             |
| 10 | List your hobbies, outside interests, extracurricular activities and school related volunteer activities:                            |             |
| 11 | List your non-school sponsored volunteer activities in the community:                                                                |             |

**12. Please attach essay responding to ONE of the following questions:**

- A. What advice would you give to high school students to encourage them to persevere as they face their challenges and reach their goals?
- B. Describe someone you admire; who you consider the best role model; how did that person influence you and impact your future?
- C. Describe what changes and development in technology are needed and how those changes will contribute to progress.
- D. Describe how you will contribute to society and give back to the community in your future.

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a winner my picture may be taken and used to promote the Fatima H. Shousher Educational Fund. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen, I agree to be present at any potential award ceremony or reception in Summer 2026 to receive my award.

I hereby understand that if chosen as a Fund winner, it is my responsibility to remit to The Sight Center of Northwest Ohio the appropriate information for my award to be paid directly to my educational institution no later than July 31, 2026.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_