

Dr. Cheryl Reed Scholarship \$2,000 One-time Award

The Trinity Rose Foundation was founded in 2005 by Rich and Stacy Bonitz after their youngest daughter, Trinity, was diagnosed with a blinding, genetic disease. The Foundation's mission is to fund research and medical advances that are focused on curing childhood eye disorders, as well as provide educational services and financial aid helping improve the quality of life for these children and their families. The Trinity Rose Foundation created the Dr. Cheryl Reed Scholarship to honor the impact Dr. Reed has had on the many recipients the Foundation has helped over the years by assisting upcoming optometry students looking to focus on the field of low vision.

Dr. Cheryl Reed, retired Director of the Judith A. Read Low Vision Services of the United Disability Services, dedicated her practice to low vision with a special interest in pediatric low vision and bioptic driving. Her passion for the field of low vision began when she was an optometry student completing a low vision rotation at the Vision Center of Central Ohio. Dr. Reed enjoyed teaching others about low vision and blindness, especially working with and teaching educators, doctors, residents, families of children with visual impairments, therapists, and other professionals in the field of rehabilitation.

ELIGIBILITY

 Candidate must be planning to attend a graduate program majoring in programs leading to the fields of optometry or ophthalmology with a focus on the field of low vision

CRITERIA

- The candidate will submit an essay describing his/her reason for their interest in optometry or ophthalmology and his/her plans on how he/she will use this field of study to focus on low vision services
- Exceptional academic achievement
- Significant involvement in school and community activities

PROCEDURE

- Attached application must be submitted to the Trinity Rose Foundation at 145 Port Lane Medina, OH 44256 by March 6, 2023.
- Two letters of recommendation (from other than relatives) must be included in the submission describing the character, integrity and or uniqueness of the student.
- All questions must be answered completely.
- Include a copy of College Transcript and Activity Sheet. The Activity Sheet should reflect school and community activities, as well as any awards and recognition you have received in these activities.

EDUCATION POSTPONEMENT

If the winner chooses to postpone his/her of	college education,	the scholarship ma	ay be reserved for u	p to one
year from the date of graduation.				



Dr. Cheryl Reed Scholarship Application Due March 6, 2023

Name:			
Home Address:			
Telephone Number:			
E-mail Address:			
Parents / Guardians: (Full na	mes)		
Please answer the following	on separate paper, with you	our name on top.	
 My plan on h Why I would Why I am cor regardless of 2. Select one activity from 	optometry as my graduate pow I will use this field of stulike to focus on pediatric (0 mmitted to focusing on ALL race, gender or any other e	cudy to focus on low vision services. 0-21 years of age) patients. 1. pediatric, low vision patients and their welfare,	
	CERTIFIC	CATION	
Applicant: I certify that all the statement and belief and are made in g		rue, complete and correct to the best of my knowledg	ţе
Print name	Signature	Date	