



KANSAS OPTOMETRIC  
FOUNDATION

# Scholarships

## INFORMATION & INSTRUCTIONS

The Kansas Optometric Foundation (KOF) is offering seven \$5,000 scholarships and one \$10,000 scholarship to Kansas optometry students. These scholarships are funded through donations to the KOF by optometrists. The Wichita Eye Foundation has donated \$30,000 to help make this year's offerings. Past scholarship recipients must reapply each consecutive year in order to be considered for continued funding.

### **Eligibility requirements for these scholarships are as follows:**

- The applicant must have completed the pre-optometry professional school educational requirements.
- The applicant must be accepted by an accredited school of optometry for the Fall 2023 term or already be enrolled in an accredited school of optometry. Students at schools of optometry that are currently undergoing the accreditation process are also eligible.
- The applicant must be a resident of the state of Kansas.
- The applicant must agree to practice optometry in the state of Kansas one year for each year he/she receives a scholarship.
- Eligibility is limited to students who are not related to a Kansas Optometric Association member. This includes spouses, sons, daughters, sons-in-laws and daughters-in-law.

### **Instructions for the scholarship are as follows:**

1. Complete the "Application Form" (attached)
2. Write short (300 words or less) "Explanation of Interest in Optometry" and attach this sheet to your application.
3. Write short (100 words or less) "Need for Scholarship" and attach this sheet to your application.

4. Request that applicable transcripts from the following institutions be sent directly to the Kansas Optometric Foundation address.
  - a. College (all)
  - b. Optometry school (all work completed to date)
  
5. Request that the two interview forms enclosed be completed and sent directly to the Kansas Optometric Foundation by the following individuals:
  - a. Educator (preferably a school administrator or guidance counselor)
  - b. Optometrist of applicant's choice
  
6. Sign the attached form indicating your intent to practice optometry in Kansas following graduation from optometry school.
  
7. Scholarship recipients are required to send an acknowledgment note to the originating foundation (WEF or KOF).
  
8. Scholarship recipients are encouraged to attend a KOA-sponsored meeting (a list of opportunities will be provided with award letter).



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APPLICATION

*All information submitted is confidential and for the use of the selection committees only.*

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Please include maiden name if applicable)

Present address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Please list financial aid, if any, you have applied for or are receiving:

Please list schools attended and degrees received:

Please list schools of optometry have you applied to:

Please list schools that have accepted you:

Please list the school you plan to attend or are currently attending:



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INTERVIEW – OPTOMETRIST

*The following is to be filled in by the interviewing optometrist and mailed by the optometrist to the Kansas Optometric Fndtn.*

Interviewed by: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Is he/she a patient of yours?  Yes  No    Is his/her family patients of yours?  Yes  No

Does he/she seem:  Highly interested     Just curious     Don't know

Do you think his/her chances of studying optometry are:  Good     Poor     Don't know

Please describe or rate the applicant briefly on the following traits:

Appearance:

Speech:

Personality:

Other comments:



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INTERVIEW – EDUCATOR

*The following is to be filled in by the interviewing educator and mailed by the educator to the Kansas Optometric Fndtn.*

Interviewed by: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
*Include title, if applicable*

Applicant's Name: \_\_\_\_\_

1. How does his/her appearance and manner affect others?

- |  |   |
|--|---|
| <input type="checkbox"/> Tolerated by others | <input type="checkbox"/> Well-liked by others |
| <input type="checkbox"/> Unnoticed by others | <input type="checkbox"/> Sought by others     |

2. Does he/she need constant starting or does he/she go ahead with his/her work without being told?

- Needs occasional encouraging
- Does ordinary assignments of his/her own accord
- Completes suggested supplementary work
- Seeks and gets for himself/herself additional tasks

3. Does he/she control his/her emotions?

- Tends to be overemotional or unresponsive
- Usually well-balanced
- Well balanced
- Unusual balance of responsiveness and control

4. Does he/she successfully enlist the cooperation and attention of others?

- Satisfied to have others take the lead
- Sometimes leads in minor affairs
- Sometimes leads in important affairs
- Displays marked ability to lead his/her fellows



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INTERVIEW – EDUCATOR

*The following is to be filled in by the interviewing educator and mailed by the educator to the Kansas Optometric Fndtn.*

5. Has he/she a program with definite purposes, in terms of that which he/she distributes his/her time and energy to?

- Aims to just “get by”
- Has vaguely formed objectives
- Directs energies effectively with definite program goals
- Engrossed in realizing well formulated objectives

6. How well do you know this student?

- Not personally acquainted
- Had a few casual meetings
- Have had several conferences
- Have a good knowledge of him/her



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EXPLANATION OF INTEREST  
IN OPTOMETRY

*300 words or less*



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EXPLANATION OF NEED FOR SCHOLARSHIP

*100 words or less*





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KANSAS PRACTICE  
COMMITMENT FORM

I, \_\_\_\_\_, do affirm that it is my intent to return to Kansas following  
*(Full Name)*  
graduation from optometry school in order to engage in the practice of optometry.

I understand that in order fulfill the agreement under which the scholarship was given, I will practice one year in Kansas for each annual scholarship I receive. If I do not return to Kansas to practice optometry within three years of graduating, I understand I will be required to pay back to the Kansas Optometric Foundation the full amount of the scholarship.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*