Each year, the Wisconsin Foundation for Vision Awareness and the Wisconsin Optometric Association offer education scholarships to students of optometry. The requirements for applying are as follows:

1. Student must have completed at least one year in an accredited optometry professional program before applying.
2. Student must have completed one academic year of WOA student membership prior to applying.
3. Student must be a current member of AOSA (American Optometric Student Association).
4. Students must have maintained residency in Wisconsin for the immediate three years prior to entering optometry school.
5. A transcript of pre-optometric and optometric education must be submitted.
6. Three letters of recommendation: from an instructor, a relative (non-spouse), and another professional must be submitted.
7. Scholarship awards will be payable directly to the optometric college and will be mailed to the student recipient.

Selection is based on academic performance and ability, character, personality, leadership, evidence of financial need, and interest in optometry.

Application must be submitted prior to August 15, 2019 to:

Wisconsin Foundation for Vision Awareness  
c/o Wisconsin Optometric Association  
6510 Grand Teton Plaza – Suite 312  
Madison, Wisconsin 53719
Scholarship Application Form

Your Personal History:

Name: ____________________________________________

Permanent Mailing Address: ____________________________________________

Current Mailing Address: ____________________________________________

Current Phone Number: ____________________________________________

Email Address: ____________________________________________

Expected Date of Graduation: _______________________________

Are you currently a Wisconsin Resident? Yes______ No_______ How Long? ________ yrs.

Educational History: (High School through present)

<table>
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<tr>
<th>Dates Attended (mo/year)</th>
<th>Name of School</th>
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Have you made arrangements for colleges you have attended (including optometry) to send transcripts to WOA?  
Yes_____ No_______

What is your AOSA (American Optometric Student Association) member number? __________

Have you been a student member of WOA for one complete academic year? __________
(If you joined in the fall of 2018 or earlier you are eligible to apply)

References:

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<th>Name</th>
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<th>Years Known</th>
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Three letters of recommendation should be included with this application.

*See Requirement #5

Remember to complete both pages of this application
**Financial Information:** (Complete either dependent student or self-supporting student section)

**Dependent Student:**

Father’s Name: __________________________________________________________

Occupation: ___________________________________ Employer: ____________________________

Mother’s Name: ________________________________________________________________

Occupation: ___________________________________ Employer: ____________________________

Parent(s) deceased: Yes_______ No________ Name of deceased: ______________________________

Approximate total annual family income (use net taxable income figure from federal income tax form for 2018): _________________________________________________

2018 Earnings (Self): ____________________________________________________________

**Self-Supporting Student:** (Did not live with or receive financial assistance from parents in past twelve months)

Occupation: ___________________________________ Employer: ____________________________

Full-time:________________________ or Part-time:___________________________

If married, Name of Spouse: __________________________________________________________

Occupation: ___________________________________ Employer: ____________________________

No. of children:_______________________________ Ages:______________________________

Total annual net taxable family income: __________________________

(from most recent federal tax form, for you and spouse, if married)

Please answer the following questions and attach to application.

Write a brief summary of your favorite hobbies, activities, and organizations in which you have been active.

Write a brief statement giving your reasons for choosing Optometry as a career and your plans following graduation.

**Remember to complete both pages of this application**

Wpfiles/wvfa/scholarshipapplication.doc