

# **WISCONSIN FOUNDATION FOR VISION AWARENESS AND WISCONSIN OPTOMETRIC ASSOCIATION SCHOLARSHIPS**

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, 2016 to:**

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

**WISCONSIN FOUNDATION FOR VISION AWARENESS  
WISCONSIN OPTOMETRIC ASSOCIATION  
6510 Grand Teton Plaza - Suite 312  
Madison, WI 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)

Dates Attended (mo/year)

Name of School/Location

Degree Earned

<u>Dates Attended (mo/year)</u>	<u>Name of School/Location</u>	<u>Degree Earned</u>

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? \_\_\_\_\_

**References:**

Name

Address

Years Known

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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 2014): \_\_\_\_\_

2014 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**