

KANSAS PRACTICE COMMITMENT FORM

I, _____, do affirm that it is my intent to return to Kansas
(Full Name)
following 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 on year in Kansas for each annual scholarship I receive. If I do not return to Kansas to practice optometry I understand I will be required to pay back to the Kansas Optometric Foundation the full amount of the scholarship.

Signed _____

Date _____

Please return to:
Kansas Optometric Foundation
1266 SW Topeka Blvd.
Topeka, KS 66612