

KANSAS OPTOMETRIC FOUNDATION

1266 SW Topeka Boulevard, Topeka, KS 66612
(785) 232-0225

SCHOLARSHIP 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 _____

Male Female Single Married

Spouse's name (include maiden name) _____

Number of dependents _____ Ages _____

Spouse's occupation _____

How long have you lived in Kansas? _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Siblings in college? Be specific.

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

Please list schools attended and degrees received.

To which schools of optometry have you applied?

Which schools have accepted you?

Which school do you plan to attend?

Signature _____