

KANSAS OPTOMETRIC FOUNDATION

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

SCHOLARSHIP INTERVIEW- Applicant's Choice

The following is to be completed by an interviewer of the applicant's choice and mailed by the interviewer to the Kansas Optometric Foundation.

Interviewed by _____ Occupation _____

Date of Interview _____ Applicant's Name _____

How long have you known applicant? _____

Give a brief summary concerning your opinion of the applicant: