

# KANSAS OPTOMETRIC FOUNDATION

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

## SCHOLARSHIP INTERVIEW - Optometrist

*The following is to be filled in by the interviewing optometrist and mailed by the optometrist to the Kansas Optometric Foundation.*

Date of interview \_\_\_\_\_ Interviewed by \_\_\_\_\_

Applicant's Name \_\_\_\_\_

1. How long have you known applicant? \_\_\_\_\_

2. Is he/she a patient of yours?  Yes  No    Is his/her family patients of yours?  Yes  No

3. Does he/she seem:

Highly interested                       Just curious                       Don't know

4. Do you think the chances of his/her studying optometry are:

Good     Poor     Don't know

5. Please describe or rate the applicant briefly on the following traits:

- Appearance:

- Speech:

- Personality:

Other Comments: