

**SCHOLARSHIP APPLICATION
KANSAS OPTOMETRIC FOUNDATION
KANSAS FOUNDATION FOR VISION AWARENESS**

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 _____ Phone _____

Permanent address _____ Phone _____

E-mail address:

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. _____

Have you applied for or are you receiving any other financial aid?

Describe _____

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 _____