

## **KANSAS PRACTICE COMMITMENT FORM**

I, \_\_\_\_\_, (full name), do affirm that it is my intent to return to Kansas following graduation from optometry school in order to engage in the practice of optometry.

I understand that in order to fulfill the agreement under which the scholarship was given, I will practice one 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 \_\_\_\_\_