

*Please return to:
Kansas Optometric Foundation
1266 SW Topeka Blvd.
Topeka, KS 66612*

**SCHOLARSHIP INTERVIEW
(Applicant's Choice)**

THE FOLLOWING IS TO BE FILLED IN BY AN INTERVIEWER OF THE
APPLICANT'S CHOICE AND MAILED PERSONALLY BY THE INTERVIEWER.

Applicant's Name _____

How long have you known the applicant? _____

Give a brief summary concerning your opinion of the applicant:

Date _____

Interviewed by: _____

Occupation: _____