

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

**SCHOLARSHIP INTERVIEW
(Educator's Form)**

THE FOLLOWING IS TO BE COMPLETED BY THE INTERVIEWING EDUCATOR
AND MAILED PERSONALLY BY THE EDUCATOR

Applicant's Name _____

(Please check appropriate box which best describes applicant.)

1. How does his/her appearance and manner affect others:

Tolerated by others
Unnoticed by others
Well liked by others
Sought by others

2. Does he/she need constant starting or does he/she go ahead with his/her work without being told:

Needs occasional encouraging
Does ordinary assignments of his/her own accord
Completes suggested supplementary work
Seeks and gets for himself/herself additional tasks

3. Does he/she control his/her emotions:

Tends to be overemotional or unresponsive
Usually well-balanced
Well balanced
Unusual balance of responsiveness and control

4. Does he/she successfully enlist the cooperation and attention of others:

Satisfied to have others take the lead
Sometimes leads in minor affairs
Sometimes leads in important affairs
Displays marked ability to lead his/her fellows

5. Has he/she a program with definite purposes, in terms of that which he/she distributes his/her time and energy to:

- Aims just to "get by"
- Has vaguely formed objectives
- Directs energies effectively with fairly definite program goals
- Engrossed in realizing well formulated objectives

6. How well do you know this student:

- Not personally acquainted
- Had a few casual meetings
- Have had several conferences
- Have a good knowledge of person

Additional comments:

Date _____ Signature _____

Educator's Title/Position _____