

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

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

THE FOLLOWING IS TO BE FILLED IN BY THE INTERVIEWING OPTOMETRIST
AND MAILED PERSONALLY BY THE OPTOMETRIST.

Applicant's Name _____

How long have you known the applicant? _____

Is he/she a patient of yours? _____ His/Her family? _____

Does he/she seem:

Highly interested
Just curious
Don't know

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

Good
Poor
Don't know

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

Appearance:

Speech:

Personality:

Other comments:

Date _____

Interviewed by:
Dr. _____
