

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: \_\_\_\_\_