

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. \_\_\_\_\_  
\_\_\_\_\_