

# KANSAS OPTOMETRIC FOUNDATION

1266 SW Topeka Boulevard, Topeka, KS 66612  
(785) 232-0225

June 6, 2018

Dear Student:

The Kansas Optometric Foundation (KOF) is offering three \$1,500 scholarships to Kansas optometry students. These scholarships are funded through donations to the KOF by optometrists and other optometric charities.

If you wish to apply for these scholarships, please carefully follow the instructions on the "Instruction Sheet" attached and forward all required documentation no later than August 31, 2018 to:

Kansas Optometric Foundation  
1266 SW Topeka Blvd.  
Topeka, KS 66612

If you applied for a scholarship through the KOF in 2017 and forwarded us all the documents required at that time, all you will need to submit is:

1. Application form
2. A short (100 words or less) explanation of your "Need for Scholarship"
3. Transcript from first semester of 2018.

Copies of these forms are available at [www.kansasoptometric.org](http://www.kansasoptometric.org).

Sincerely,

KANSAS OPTOMETRIC FOUNDATION, INC.

Jeffrey S. Janasek, OD  
President

# KOF SCHOLARSHIP INFORMATION & INSTRUCTIONS

The Kansas Optometric Foundation (KOF) is offering three \$1,500 scholarships to Kansas optometry students. These scholarships are funded through donations to the KOF by optometrists.

Past scholarship recipients must reapply each consecutive year in order to be considered for continued funding.

Eligibility requirements for these scholarships are as follows:

- The applicant must have completed the pre-optometry professional school educational requirements.
- The applicant must be accepted by an accredited school of optometry for the Fall 2017 term or already be enrolled in an accredited school of optometry. Students at schools of optometry that are currently undergoing the accreditation process are also eligible.
- The applicant must be a resident of the state of Kansas.
- The applicant must agree to practice optometry in the state of Kansas one year for each year he/she receives a scholarship.
- Eligibility is limited to students who are not related to a Kansas Optometric Association member. This includes spouses, sons, daughters, sons-in-laws and daughters-in-law.

Instructions for the scholarship are as follows:

1. Complete the “Application Form” (attached)
2. Write short (300 words or less) “Explanation of Interest in Optometry” and attach this sheet to your application.
3. Write short (100 words or less) “Need for Scholarship” and attach this sheet to your application.
4. Request that applicable transcripts from the following institutions be sent directly to the Kansas Optometric Foundation address.
  - a. High School
  - b. College (all)
  - c. Optometry school (all work completed to date)
5. Request that the three interview forms enclosed be completed and sent directly to the Kansas Optometric Foundation by the following individuals:
  - a. Educator (preferably a school administrator or guidance counselor)
  - b. Optometrist of applicant’s choice
  - c. Individual of applicant’s choice (not a relative)
6. Sign the attached form indicating your intent to practice optometry in Kansas following graduation from optometry school.

The scholarships will be paid directly to the individuals in one lump sum in September 2018.

*If you wish to be considered for these scholarships, **ALL** information requested must be completed **IN FULL** and returned to the Kansas Optometric Foundation.*

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## SCHOLARSHIP APPLICATION

*All information submitted is confidential and for the use of the selection committees only.*

Full name \_\_\_\_\_ Today's Date \_\_\_\_\_  
(Please include maiden name if applicable)

Present address \_\_\_\_\_

Permanent address \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Male  Female  Single  Married

Spouse's name (include maiden name) \_\_\_\_\_

Number of dependents \_\_\_\_\_ Ages \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

How long have you lived in Kansas? \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings in college? Be specific.

Please list, if any, financial aid you have applied for or are receiving:

Please list schools attended and degrees received.

To which schools of optometry have you applied?

Which schools have accepted you?

Which school do you plan to attend?

Signature \_\_\_\_\_

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## SCHOLARSHIP INTERVIEW- Applicant's Choice

*The following is to be completed by an interviewer of the applicant's choice and mailed by the interviewer to the Kansas Optometric Foundation.*

Interviewed by \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Interview \_\_\_\_\_ Applicant's Name \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Give a brief summary concerning your opinion of the applicant:

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## SCHOLARSHIP INTERVIEW - Optometrist

*The following is to be filled in by the interviewing optometrist and mailed by the optometrist to the Kansas Optometric Foundation.*

Date of interview \_\_\_\_\_ Interviewed by \_\_\_\_\_

Applicant's Name \_\_\_\_\_

1. How long have you known applicant? \_\_\_\_\_

2. Is he/she a patient of yours?  Yes  No    Is his/her family patients of yours?  Yes  No

3. Does he/she seem:

Highly interested                       Just curious                       Don't know

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

Good                                       Poor                                       Don't know

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

- Appearance:

- Speech:

- Personality:

Other Comments:

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## SCHOLARSHIP INTERVIEW - Educator

*The following is to be completed by the interviewing educator and mailed by the educator to the Kansas Optometric Foundation.*

Date \_\_\_\_\_ Applicant's Name \_\_\_\_\_

Interviewed by \_\_\_\_\_ Title/Position \_\_\_\_\_

*(Please check the appropriate box which best describes the applicant.)*

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

Tolerated by others

Well-liked by others

Unnoticed 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 to just "get by"

Has vaguely formed objectives

Directs energies effectively with definite program goals

Engrossed in realizing well formulated objectives

6. How well do you know this student:

Not personally acquainted

Have had several conferences

Had a few casual meetings

Have a good knowledge of him/her

**“EXPLANATION OF INTEREST IN OPTOMETRY”**

(300 words or less)

Attach and return with scholarship application to:

Kansas Optometric Foundation  
1266 SW Topeka Blvd.  
Topeka, KS 66612

**“NEED FOR SCHOLARSHIP”**

(100 words or less)

Attach and return with scholarship application to:

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# KANSAS PRACTICE COMMITMENT FORM

I, \_\_\_\_\_, do affirm that it is my intent to return to Kansas  
*(Full Name)*  
following graduation from optometry school in order to engage in the practice of optometry.

I understand that in order fulfill the agreement under which the scholarship was given, I will practice on year in Kansas for each annual scholarship I receive. If I do not return to Kansas to practice optometry I understand I will be required to pay back to the Kansas Optometric Foundation the full amount of the scholarship.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return to:  
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