

WISCONSIN FOUNDATION FOR VISION AWARENESS AND WISCONSIN OPTOMETRIC ASSOCIATION SCHOLARSHIPS

Each year, the Wisconsin Foundation for Vision Awareness and the Wisconsin Optometric Association offer education scholarships to students of optometry. The requirements for applying are as follows:

1. Student must have completed at least one year in an accredited optometry professional program before applying.
2. Student must have completed one academic year of WOA student membership prior to applying.
3. Student must be a current member of AOSA (American Optometric Student Association).
4. Students must have maintained residency in Wisconsin for the immediate three years prior to entering optometry school.
5. A transcript of pre-optometric and optometric education must be submitted.
6. Three letters of recommendation: from an instructor, a relative (non-spouse), and another professional must be submitted.
7. Scholarship awards will be payable directly to the optometric college and will be mailed to the student recipient.

Selection is based on academic performance and ability, character, personality, leadership, evidence of financial need, and interest in optometry.

Application must be submitted prior to August 15, 2022 to:

Wisconsin Foundation for Vision Awareness
c/o Wisconsin Optometric Association
6510 Grand Teton Plaza – Suite 312
Madison, Wisconsin 53719
woa@woa-eyes.org

**WISCONSIN FOUNDATION FOR VISION AWARENESS
WISCONSIN OPTOMETRIC ASSOCIATION
6510 Grand Teton Plaza - Suite 312
Madison, WI 53719**

Scholarship Application Form

Your Personal History:

Name: _____

Permanent Mailing Address: _____

Current Mailing Address: _____

Current Phone Number: _____

Email Address: _____

Expected Date of Graduation: _____

Are you currently a Wisconsin Resident? Yes _____ No _____ How Long? _____ yrs.

Educational History: (High School through present)

Dates Attended (mo/year) Name of School/Location Degree Earned

Have you made arrangements for colleges you have attended (including optometry) to send transcripts to WOA?
Yes _____ No _____

What is your AOSA (American Optometric Student Association) member number? _____

Have you been a student member of WOA for one complete academic year? _____
(If you joined in the fall of 2022 or earlier you are eligible to apply)

References:

Name Address Years Known

1. _____

2. _____

3. _____

Three letters of recommendation should be included with this application.
***See Requirement #5**

Remember to complete both pages of this application

Financial Information: (Complete either dependent student or self-supporting student section)

Dependent Student:

Father's Name: _____

Occupation: _____ Employer: _____

Mother's Name: _____

Occupation: _____ Employer: _____

Parent(s) deceased: Yes _____ No _____ Name of deceased: _____

Approximate total annual family income (use net taxable income figure from federal income tax form for 2021): _____

2021 Earnings (Self): _____

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Self-Supporting Student: (Did not live with or receive financial assistance from parents in past twelve months)

Occupation: _____ Employer: _____

Full-time: _____ or Part-time: _____

If married, Name of Spouse: _____

Occupation: _____ Employer: _____

No. of children: _____ Ages: _____

Total annual net taxable family income: _____
(from most recent federal tax form, for you and spouse, if married)

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Please answer the following questions and attach to application.

Write a brief summary (800-1200 words) of your favorite hobbies, activities, and organizations in which you have been active.

Write a brief statement (800-1200 words) giving your reasons for choosing Optometry as a career and your plans following graduation.

Remember to complete both pages of this application