



Illinois Foundation for Eyecare Scholarship Application

Biographical Information

Name: _____

Mailing Address: _____

Email Address: _____

Mobile Phone: _____

Education: *List all schools attended beginning with College*

Name of College	From/To	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Optometric GPA: _____ Anticipated Date of Graduation: _____

Current Sources of Financial Aid: *(i.e. loans, scholarships, grants)*

Source	Amount
_____	_____
_____	_____

3 References:

Name	Relationship	Email/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Optometric Memberships/Clubs/Service Activities:

Organization	Status	Activities	Years of Membership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To be eligible for the scholarship the applicant must:

- Be a 4th year student at an ACOE accredited school of Optometry
- Be a member of good-standing in the AOSA and the IOA
- Be a student of good academic standing
- Submit an Illinois Foundation for Eyecare Scholarship Application which includes an essay, written in English, not to exceed 1,500 words describing:

“Your plans for how you will use your knowledge and skills to serve an Illinois community where optometric services are in need and what role organized optometry will play in helping you succeed.”

I have completed this application to the best of my knowledge, and all information is complete and accurate.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Completed application and essay may be sent directly to: Illinois Foundation for Eyecare
304 W Washington St
Springfield IL 62701-1119

or by electronic format to *foundation@ioaweb.org*

Completed form and essay must be received no later than
midnight central time on March 16, 2018.