

JCAHPO EDUCATION AND RESEARCH FOUNDATION

Application for Scholarships

(Technician, Technologist, & Orthoptist Programs)

Application must be POSTMARKED on or before JUNE 1, 2011

PLEASE MAIL application to: JCAHPO Education and Research Foundation
2025 Woodlane Drive
St. Paul, MN 55125-2998

PLEASE TYPE (preferred) If printed, please use BLACK INK

APPLICANT DATA Last Name First Name Middle Initial
ADDRESS Number/Street Apt #
City State Zip
Telephone () E-Mail Address
CITIZENSHIP U.S. Canada Other/Please Specify
LOCATION OF PROGRAM (City/State)
START DATE (mo./yr.) GRADUATION DATE (mo./yr.)

RELATIVE OF ANY OF THE FOLLOWING? Director of the school Yes No
Faculty members of the school Yes No
Faculty members of Dept. of Ophthalmology Yes No
JCAHPO Education & Research Foundation Board of Directors Yes No

Please indicate special area(s) of interest
Contact Lenses
Orthoptics
Other (please specify)

FINANCIAL DATA ESTIMATED RESOURCES AVAILABLE TO YOU THIS YEAR:
from family/spouse \$ from savings \$
from work \$ from other scholarships \$
Other (describe) \$
Number of dependents Tuition/year

TOTAL OF ESTIMATED MONTHLY LIVING EXPENSES (Rent/Utilities/Food/Transportation)
\$

TOTAL OF OTHER MONTHLY PAYMENTS* (Loans/Credit Cards/Child Care/Medical)
\$

Students will be randomly audited to provide proof of financial data (receipts for monthly loan payments showing current balance, rent/mortgage, and any additional monthly expenses other than regular living expenses, i.e., child care, medical bills). Do not include this information unless requested.

Please submit the following documents with the completed application:

1. Goals, Aspirations, and Financial Need - In 300 words or less, tell us why you chose the field of ophthalmic medical assisting, and your career goals. This information must be typewritten and double-spaced. Since JCAHPO Education & Research Foundation scholarships are awarded on the basis of financial need, also please describe any exceptional family or personal circumstances affecting your ability to finance your education.
2. References (*Letters of Recommendation may include former or current instructors and/or employers.*)
 - o **First Year Students must send:**
 - TWO typewritten letters of recommendation
 - Copy of letter of acceptance to the program from the program director.
 - o **Second-Year Students must send:**
 - *Evaluation Form* (or letter addressing each question on the form) completed by the medical or program director
 - ONE typewritten letter of recommendation
3. W2 or Revenue Canada forms for 2010 (self and spouse, if applicable)
4. Current college transcripts that include current GPA; can be copies **(2nd-year students only)**
5. If you wish to be notified that the JCAHPO Education & Research Foundation has received your application, please include ***an email address or a stamped, self-addressed envelope*** with this application.
6. The Foundation **will not** accept any items sent under separate cover. **All requested items must be sent together or your application will be considered incomplete and ineligible.**

I affirm that the information provided by me in this application is true and accurate to the best of my knowledge. I understand that the submission of incorrect or fraudulent information may result in denial of my application.

Signature

Date

Application and Guidelines available at www.jcahpo.org/foundation/