



# WALMAN OPTICAL COMPANY SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 10

## FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	GPA	TOTAL

## APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP /Postal Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Soc. Sec./Natl. ID # \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please indicate your status. (For statistical purposes only)  Male  Female

American Indian/Alaska Native  Black/African American  Multi-Racial  White

Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

## PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Daytime Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Is the applicant a dependent of the parent?  Yes  No

## UNDERGRADUATE COLLEGE DATA

College Name \_\_\_\_\_ College Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

## CURRENT OPTOMETRIC SCHOOL DATA

Name of school you currently attend. **Use official school name. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Current year in Optometry program:  2  3

Year in Optometry program next year:  3  4  Other, explain \_\_\_\_\_

Date Doctor of Optometry degree expected: Month \_\_\_\_\_ Year \_\_\_\_\_

Student will:  live on campus  live off campus  commute from home

(U.S. students only)

If school choice is a public institution, applicant will pay:  in-state resident tuition  out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets of paper. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

## WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From-Mo/Yr	To-Mo/Yr	Hours per Week	Were you paid for your work?
				Yes / No
				Yes / No
				Yes / No
				Yes / No

## ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., hospital volunteer, community theatre, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

## GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

**APPLICANT APPRAISAL (REQUIRED)**

This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a college counselor or advisor, an instructor, or a work supervisor who knows you well.

You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION (REQUIRED)**

A current transcript of grades is required from your college of optometry. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

**FINANCIAL DATA (REQUIRED)**

This section should be completed by the student  if independent, or the student's parent(s)  if the student is a dependent. Income and tax figures are from a completed and filed federal tax return for prior year. **To be considered for an award, this section must be filled out completely.**

Refer to brochure for instructions to assist in completing this section.

State/Province of Residence .....	_____	Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) .....	\$ _____
Adjusted Gross Income .....	\$ _____	Total number of family members living in the household and primarily supported by the reported income .....	# _____
Total U.S. Federal or Canadian Tax Paid....	\$ _____	Marital status of student <input type="checkbox"/> or parent <input type="checkbox"/>	
Total Income of Student (or Father).....	\$ _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Total Income of Spouse (or Mother).....	\$ _____	Total number of family members attending college at least half time during the next school year (include applicant, exclude parents) .....	# _____
U.S. only - Yearly Untaxed Income and Benefits (Social Security, Child Support, Other _____) .....	\$ _____		
Medical and Dental Expenses Not Paid by Insurance (exclude premiums) .....	\$ _____		

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript of Grades

All materials, including transcript, must be addressed to:

**Walman Optical Company Scholarship Program**  
 Scholarship Management Services  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline April 10**

**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the brochure and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return (U.S. Applicants). Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's (or Spouse's) Signature \_\_\_\_\_ Date \_\_\_\_\_