

Kansas Optometry Service Scholarship Information
For
Academic Year 2005-2006

The State of Kansas provides three options for Kansas students planning to attend a school of optometry. (1) Kansas participates in a reciprocal agreement with the State of Missouri by which 20 Kansas residents, including five freshmen, may enroll in the Missouri School of Optometry, University of Missouri - St. Louis and pay resident fees. This option requires no service from participants to the State of Kansas. (2) Kansas contracts with the Southern College of Optometry, Memphis, Tennessee, 12 seats including three freshmen or (3) the School of Optometry at Northeastern State University, Tahlequah, Oklahoma, 8 seats including two freshmen. At schools (2) and (3) the contract provides a reduced tuition amount for selected Kansas residents. Participants fulfill their obligation to the State of Kansas by providing one year of service as an optometrist anywhere in Kansas for each year of subsidized tuition. If the service is not provided then the scholarship is converted to a loan of the principal plus an interest rate which is equivalent to the interest rate applicable to loans made under the federal PLUS program at the time such person first entered into an agreement plus five percentage points. The interest rate for 2004-2005 was 9.17 percent. Specify that you are applying for the Kansas Optometry Service Program. Selection is based on academic considerations and Kansas residency.

Each school selects the students who may participate in the program. The Board of Regents must have a residency application on file before the scholarship is offered to the selected students. Scholarships are awarded if money is available. Schools also identify alternate students.

We expect the program to continue with the same schools and same or similar seat reservations as 2004-2005. It is likely the 2005 Kansas Legislature will not act on appropriations before March 2005 nor will new contracts be negotiated before May 2005. New scholarships are awarded if money is available.

To be considered for a Kansas Optometry Scholarship, you must apply to one or more of the following institutions.

University of Missouri, St Louis, School of Optometry, 8001 Natural Bridge Rd, St Louis, MO 63121-4499, (314) 516-6263;

Southern College of Optometry, 1245 Madison Ave, Memphis, TN 38104-2222, (901) 722-3200;

Northeastern State University, College of Optometry, 1001 N Grand Ave, Tahlequah, OK 74464-7017, (918) 456-5511, FAX (918) 458-2104;

For more information please call Don Wimpelberg at (785) 296-3518, send e-mail to don@ksbor.org, fax to (785) 296-0983, or write to:

Kansas Board of Regents
Kansas Optometry Service Scholarship
1000 SW Jackson St Ste 520
Topeka KS 66612-1368

APPLICATION DEADLINE: May 1, 2005

U of Missouri/St Louis _____
Southern College/Memphis _____
Northeastern State/Tahlequah _____
(Indicate which schools you applied to)

RETURN TO: Kansas Board of Regents
Optometry Service Scholarship
1000 SW Jackson St, Suite 520
Topeka, KS 66612-1368

Academic Year: 2005-2006

DEADLINE: May 1, 2005

APPLICATION

FOR CONSIDERATION OF RESIDENCY ELIGIBILITY UNDER AGREEMENT WITH
KANSAS BOARD OF REGENTS

**PROVIDING OPTOMETRIC EDUCATIONAL OPPORTUNITIES
FOR CITIZENS OF THE STATE OF KANSAS**

Name _____ Social Security No. _____
Last First MI

Present Address: _____ Phone: (____) _____
Street Address Apt. #
City State Zip Length of time in Kansas:
_____/_____
Years/ Months

Permanent Address: _____
Street Address City State Zip

Drivers License No. _____ Issuing State: _____
Date Obtained: _____

Parent's Name: _____ Phone: (____) _____
(or Guardian)
Address: _____
street address City State Zip

Length of time parents has resided at this address: ____ Years ____ Months.

When did your current period of physical presence in Kansas begin? _____
Month Day Year

Have you lived in Kansas continuously since that date? ____ Yes ____ No

Date of Birth: _____ Place of Birth: _____
Month Day Year City State

High School Attended: _____
City State Date Graduated: _____
Month / Year

College(s) Attended: _____

City State

Date Graduated: _____
Month / Year

Other Colleges
Attended: _____

City State

Date Graduated: _____
Month / Year

List places of residence in addition to those listed on the reverse side and provide an explanation for any time not covered by school attendance, including summers.

Have you ever enrolled as a resident student in any institution outside of Kansas? Yes _____ No _____ (If yes, give name and location of institution and dates attended.)

I affirm that all of the above information on this form is true. If asked by an authorized official, I agree to provide proof of the information that I have given on this form.

Signature _____ Date _____