Kansas Optometry Service Scholarship Information
for
Academic Year 2013-2014

The State of Kansas has an agreement with three Schools of Optometry for Kansas students to receive the Kansas Optometry Service Scholarship: (1) Kansas participates in a reciprocal agreement with the State of Missouri by which 12 Kansas residents, including three first-time entering students, may enroll in the Missouri School of Optometry, University of Missouri - St. Louis and pay resident fees. 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 the scholarship; (2) the Kansas contract with the Southern College of Optometry, Memphis, Tennessee, 12 seats including three first-time entering students; or (3) the School of Optometry at Northeastern State University, Tahlequah, Oklahoma, 8 seats including two first-time entering students. Available Optometry seats are also dependent upon funding. At Southern College of Optometry, Memphis, TN, and School of Optometry at Northeastern State University, Tahlequah, OK, 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 2012-13 is 12.9 percent. Specify which school you are applying to for the scholarship. Selection is based on academic considerations and Kansas residency. Funding for all scholarships is dependent upon available funding.

Students renewing their scholarship get first consideration for available money. New scholarships are awarded if money is available.

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. You must let the school know that you are applying for the Kansas scholarship. The point of contact is identified below.

University of Missouri, St Louis, School of Optometry, Dr. Barbara Brown, Director of Student Affairs, 8001 Natural Bridge Rd, St Louis, MO 63121-4499, 314.516.6263;

Southern College of Optometry, Mike Robertson, Asst Dean of Students, 1245 Madison Ave, Memphis, TN 38104-2222, 901.722.3200;

Northeastern State University, College of Optometry, Natalie Batt, Director of Student Affairs, 1001 N Grand Ave, Tahlequah, OK 74464-7017, 918.456.5511;

For more information please call 785.296.3518, send e-mail to loldhamburns@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, 2013
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

Email Address: ________________________________________________

Drivers License No. ________________________________ Issuing State: _________________________
   Date Obtained: _____________________

Parent’s Name: ______________________________________ Phone: (_____) ___________________
   (or Guardian)
   Address: __________________________________________
   Street Address                  City              State              Zip
   __________________-______
   Length of time parents have resided at this address: _____Years _____Months.

Date of Birth: __________________________   Place of Birth: _____________________________
   Month / Day / Year                   City                     State

Have you lived continuously in Kansas since birth?   Yes _____       No _____

If “No”, indicate the month and year you began living continuously in Kansas: ___________________
   Month / Year

High School Attended: _____________________________
   __________________-______
   City                     State
   Date Graduated: ____________
   Month / Year
College(s) Attended: _________________________________

_________________________________ Date Graduated: ______________

City                  State            Month / Year

Other Colleges
Attended: _________________________________

_________________________________ Date Graduated: ______________

City                  State            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 __________________

PN: 561.13.2012.3119