



# Optometry Scholarship (OS) Instructions

## Step 1 - Complete the OS application

## Step 2 - Gather Kentucky residency documentation

Students who are currently enrolled at a Kentucky public institution and are classified as in-state residents:

- A copy of your Kentucky driver's license.
- A letter from the registrar's office at your institution that states your residency classification.

Students who are currently not enrolled at a Kentucky public institution or are not classified as in-state residents:

- A copy of your Kentucky driver's license.
- A copy of your most recent Kentucky tax return (Form 740).
  - If you are independent, you will need to submit your own tax return form.
  - If you are a dependent of your parents, you will need their tax return form.

## Step 3 - Obtain an official postsecondary transcript

Transcripts are needed from each institution you attended while pursuing your undergraduate degree.

## Step 4 - Upload your application, transcript(s), and residency documentation

1. Go to [www.kheaa.com](http://www.kheaa.com) and sign in (see top right-hand corner of screen). First time visitors will need to register for a [MyKHEAA](#) account before they can sign in.
2. Once signed in, look for and click on the Optometry Scholarship link.
3. Follow the directions on the KHEAA document upload page to submit your documents.

Note, the application process is not complete until the OS application and other documentation has been received by KHEAA. If you experience problems with the KHEAA document upload or have questions regarding the process, please contact us at [studentaid@kheaa.com](mailto:studentaid@kheaa.com).



# Optometry Scholarship Application

## Demographic and Background Information

Name: _____	Last 4 digits of Social Security Number: _____
Permanent address: _____	Current mailing address: _____
City: _____ State: _____ Zip code: _____	City: _____ State: _____ Zip code: _____
Phone number: _____	Driver's license number: _____
Email address: _____	State issuing driver's license: _____

Are you or have you been in the military? Yes:      No:  
If yes, did you maintain, or are you maintaining, Kentucky as your legal residence while in the service? Yes:      No:      , and I'm currently stationed in: \_\_\_\_\_

Highest school level your father completed:  
Middle school    High school    College – undergraduate    College – graduate or beyond    Other: \_\_\_\_\_

Highest school level your mother completed:  
Middle school    High school    College – undergraduate    College – graduate or beyond    Other: \_\_\_\_\_

Do you have an immediate relative (parent, grandparent, sibling or spouse) who works in the optometry profession? Yes:      No:  
If yes, in what capacity: \_\_\_\_\_

## Education Information and Enrollment Intent

Undergraduate Institution Name: \_\_\_\_\_ Institution City: \_\_\_\_\_ State: \_\_\_\_\_

Undergraduate Enrollment Start mo./yr.: \_\_\_\_\_ End mo./yr.: \_\_\_\_\_ OAT score \_\_\_\_\_ GRE score: \_\_\_\_\_ MCAT score: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Undergraduate Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Indicate your enrollment choices from the following participating institutions as well as your admission status: Kentucky College of Optometry, Indiana University, Southern College of Optometry or University of Alabama at Birmingham.

First-Choice (FC) Institution: \_\_\_\_\_  
FC Institution Admission Status:    Applied/Awaiting Decision    Accepted/Admitted    Status Date: \_\_\_\_\_

Second-Choice (SC) Institution: \_\_\_\_\_  
SC Institution Admission Status:    Applied/Awaiting Decision    Accepted/Admitted    Status Date: \_\_\_\_\_

## Residency Information

Please list the places where you have lived for at least the past five years, beginning with the most recent address:

Address #1: _____	City: _____	State: _____
Start mo./yr.: _____ End mo./yr.: _____		
Address #2: _____	City: _____	State: _____
Start mo./yr.: _____ End mo./yr.: _____		
Address #3: _____	City: _____	State: _____
Start mo./yr.: _____ End mo./yr.: _____		

Have you lived in Kentucky while enrolled in six or fewer college credit hours within a year prior to the term for which you are applying? Yes:      No:

## Signature

By signing below, I certify the information provided in both pages of this application and all supporting documents are correct and complete to the best of my knowledge. I understand that residency determinations are made in accordance with 13 KAR 2:045 and that KHEAA reserves the right to request additional information as needed for my residency and/or scholarship eligibility determination. Furthermore, failure to provide requested information may result in disqualification of my scholarship application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Extracurricular & Community Service Activities**

List the extracurricular activities (clubs, sports, organizations), employment, community service and/or volunteer activities you've been involved with since you began college. Include the mo./yr. of the activity or begin and end date range if more than one month.

**Essay**

In 500 words or less, describe why you want to pursue a career in optometry and your plans to provide service in Kentucky following completion of your degree program.