The Connecticut Association of Optometrists
Scholarship Information

The Scholarship Committee of the Connecticut Association of Optometrists (CAO) consults and administers scholarship programs for Connecticut residents who are currently enrolled at accredited colleges of optometry. The Association works with three established foundations.

The George Comstock Foundation
Dr. Comstock was a leading optometrist in the early years of the Connecticut Optometric Society. He created a trust in 1957 to help fund students with their professional education. The fund states, “Income from the fund is utilized for awards to worthy optometric students who are Connecticut residents based on financial need and scholastic qualifications.”

Dr. Dorothy Weitzner Kornblutt Foundation
In 1977 Dr. Dorothy Kornblutt funded a grant to be the Bridgeport Area Foundation to provide scholarship awards from its earnings to a female optometric student who is a resident of (in order of preference) Fairfield County, State of Connecticut or New England. The award is selected by the Scholarship Committee of the CAO and recommended to the Greater Area Foundation.

The CAO Robert L. Ross Foundation, Inc.
The Robert L. Ross Memorial Scholarship will be awarded annually to one Optometry student beginning in 2008. Dr. Ross was a former President of the CT Association of Optometrists and was passionate about the profession of Optometry. The student candidate must be a resident of the state of CT. The scholarship will be based on both academic performance and financial need. Full detailed financial information of the student will be required in order to be considered for this scholarship. Students who are still dependents of their parents must include their parents’ tax information as well.

Applicants will be asked for detailed financial and scholastic information. The deadline for the submission is July 31. Grants will be distributed in the early fall.

For further information, please contact:
Connecticut Association of Optometrists
35 Cold Spring Road, Suite 211
Rocky Hill, Connecticut 06067
Telephone: 860.529.1900
Fax: 860.529.4411
Email: info@cteyes.org
Website: www.cteyes.org
Connecticut Association of Optometrists
Scholarship Application

Instructions:
- The application deadline is July 31
- Type or print in dark ink.
- Final semester grades and an official transcript must be enclosed.

Send application to:  Connecticut Association of Optometrists
Attention: Scholarship Committee
35 Cold Spring Road, Suite 211
Rocky Hill, CT 06067

All information set forth on this application will be held in the strictest confidence by the CAO Scholarship Committee. Application must be completed in its entirety. Please justify any information you must leave blank or choose to omit. If you have any questions, contact the CAO office at 860.529.1900.

Please Note: To be considered for the CAO Robert L. Ross Foundation Scholarship, a tax return from student and parent must be submitted. Parents’ tax returns are NOT required from those students who are independents. In addition, information regarding extra-curricular activities, and community involvement should be included in your personal statement.

Applicant's Name: ______________________________________________________________
Connecticut Address: ____________________________________________________________
City/State/Zip Code: _____________________________________________________________
Present Address: _________________________________________________________________
City/State/Zip Code: _____________________________________________________________
Telephone Number: ______________________________________________________________
Email Address: _________________________________________________________________
Date of Birth: _________________________________________________________________

Undergraduate College:
____________________________________________________________________________
Dates________________________________________________________________________
____________________________________________________________________________
Dates________________________________________________________________________

__________________________________________________________
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Are you currently enrolled in a College of Optometry?  □ Yes  □ No

Scholastic Average (GPA): ______________  Class Standing: ______________

College of Optometry: _____________________________  Year: ______________

Marital Status:  □ single  □ married  □ divorced

If married what is your spouse’s occupation: _____________________________

Name of Parents
(Father): _____________________________  □ living  □ deceased

(Mother): _____________________________  □ living  □ deceased

Are your parents divorced:  □ Yes  □ No

Student’s Income

$ _____________ (wages, tips etc.)

$ _____________ (spouses income)

$ _____________ (parental financial support)

$ _____________ (investment income)

$ _____________ Total Income

Your IRS adjusted gross income: $ _____________

Student Expenses

$ _____________ Tuition

$ _____________ College expenses (Room, board, fees, books, etc.)

$ _____________ other college expenses (travel, clothing, medical, etc.)

$ _____________ other expenses (explain on back of page)

$ _____________ Total Expenses

Income tax paid by you last year: $ _____________

Student Assets

$ _____________ total of investments (Stocks, bonds, mutual funds, cash)

$ _____________ real estate

$ _____________ vehicles

$ _____________ Other assets

$ _____________ Total Student Assets

Student Liabilities

$ _____________ total education loans

$ _____________ other financial obligations (detail on back of page)

$ _____________ vehicle loans (Detail on back of page)

$ _____________ Total Student Liabilities
Did you or will you, live with your parents for more than two consecutive weeks:

Last year: ☐ Yes  ☐ No
This year:   ☐ Yes  ☐ No

Will you be listed as an exemption on your parent's U.S. Tax Return:

Last year:  ☐ Yes  ☐ No
This year:   ☐ Yes  ☐ No

Did you, or will you, receive assistance worth more than $600.00 from your parents during:

Last year:  ☐ Yes  ☐ No
This year:   ☐ Yes  ☐ No

Please list all scholarships, loans or other sources of economic assistance you have applied for the upcoming academic year:

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<th>Source Name</th>
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Please list all loans, scholarships or other forms of economic assistance you received in previous years:

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<th>Source Name</th>
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Total funding received to date: $_______
Total indebtedness to date: $_______
Please state your reasons for applying for the scholarship: (use back of page or a separate sheet if necessary)

You must be able to prove that you are a current, bona fide resident of the state of Connecticut to be eligible for any scholarship.

I understand that willful misinformation in the application is cause for denial and that any money received will be immediately repayable to the scholarship sponsor

Signature: ___________________________________________ Date: ________________

To Be Completed By Parent or Guardian if student is applying as a dependent.

Parent or Guardian Name: ________________________________ Age: __________

Address: ____________________________________________________________________________

City, State, Zip: _______________________________________________________________________

Relationship to applicant:   ☐ Parent   ☐ Guardian

Number of children: ___________ Are any other children attending college:   ☐ Yes   ☐ No

If Yes, how many? ___________ To what extent do you contribute to the support of the applicant?

Explain: _____________________________________________________________________________

Are you self-employed: ☐ Yes   ☐ No

Name of Employer or if self-employed, name of company:

_______________________________________________________________________________

Address: __________________________________________________________________________

Nature of employment or business: ______________________________________________________

Assets:                  Liabilities:

$ _______________ Total Real Estate (gross value)  $ _______________ Total of Real Estate Mortgage Balances
Savings and Checking accounts $ ____________  total other outstanding loans (auto, appliance etc.)

Capital Value of Business $ ____________ outstanding business debts

Investments $ ____________ total credit card debts (stocks, bonds, mutual funds, partnerships, etc.)

Cash value of life insurance $ ____________ other personal debt

Total Assets $ ____________ Total Liabilities

Provisions for Retirement:
Social Security: ☐ Yes ☐ No

Current Value of IRA's $ ____________
Current Value of 401K $ ____________
Current Value of Pension Plan $ ____________
Current Value of Keogh Plan $ ____________

Annual Income:
Father's gross Salary and Wages before taxes $ ____________
Mother's gross salary and wages before taxes $ ____________
Guardian's gross salary and wages before taxes $ ____________
Total real estate income $ ____________
Total investment income (stocks, bonds, mutual funds, etc.) $ ____________
Total other income (alimony, insurance, disability etc.) $ ____________
Total Annual Income $ ____________
Total State and Federal Taxes paid last year $ ____________

Please enclose the first two pages of your last year's Federal Tax Return

Signature: ___________________________________________ Date: ____________________