



## **The Connecticut Association of Optometrists Scholarship Information**

The Scholarship Committee of the Connecticut Association of Optometrists (CAO) consults and administrates 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](mailto:info@cteyes.org)  
Website: [www.cteyes.org](http://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 \_\_\_\_\_

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 Assets**

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

\$ \_\_\_\_\_ real estate

\$ \_\_\_\_\_ vehicles

\$ \_\_\_\_\_ Other assets

\$ \_\_\_\_\_ **Total Student Assets**

**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 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:

Source Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list all loans, scholarships or other forms of economic assistance you received in previous years:

Source Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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:**

\$ \_\_\_\_\_ Total Real Estate (gross value)

**Liabilities:**

\$ \_\_\_\_\_ 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
\$ _____	<b>Total Assets</b>	\$ _____	<b>Total Liabilities</b>

**Provisions for Retirement:**

Social Security:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_