



Connecticut Association of Optometrists Scholarships

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. Applicants will be asked for detailed financial and scholastic information. The scholarship application deadline is July 31st. Grants are distributed in early Fall. If you have any questions, please contact 860-529-1900 or info@cteyes.org.

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

In 1977 Dr. Dorothy Kornblutt funded a grant to be the Bridgeport Area Foundation to provide scholarship awards from its earnings to female optometric students who are residents of (in order of preference) Fairfield County, State of Connecticut or New England. These awards are to be 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. This 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.

Instructions:

- Please complete the Student and Parent application portions where applicable.
- An Official Transcript must be submitted with application. Final grades must be enclosed.
- Please note: To be considered for the CAO Robert L. Ross Foundation Scholarship, a tax return from the student and parent must be submitted. Parents' tax returns are not required from students who are independents.
- Application must be postmarked by **July 31st**
- Send completed application to:
Connecticut Association of Optometrists
Attention: Scholarship Committee
35 Cold Spring Road
Suite 211
Rocky Hill, CT 06067



Connecticut Association of Optometrists Student Scholarship Application

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 or info@cteyes.org.

Applicant's Full Name: _____

Connecticut Address: _____

City/State/Zip Code: _____

Present Address: _____

City/State/Zip Code: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Undergraduate College:

_____ Dates Attended _____

_____ Dates Attended _____

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

College of Optometry: _____ Expected Year of Graduation: _____

Scholastic Average (GPA): _____ Class Standing: _____

Marital Status: Single Married Divorced

If married, what is your spouse's occupation: _____

Name of Parents:

(Mother/Father): _____ living deceased

(Mother/Father): _____ living deceased

Are your parents divorced: Yes No

Student's Income

\$ _____ (Wages, Tips, Etc.)

\$ _____ (Spouse's 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

Student Liabilities

\$ _____ Total Education Loans

\$ _____ Other Financial Obligations
(Detail on back of page)

\$ _____ Vehicle Loans
(Detail on back of page)

\$ _____ Other Assets

\$ _____ **Total Student Assets**

\$ _____ **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:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |



Connecticut Association of Optometrists Student Scholarship Application

To Be Completed By Parent or Guardian

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? Please explain:

Are you self-employed? Yes No

Name of Employer or if self-employed, Name of Company:

Company Address: _____

Nature of Employment or Business: _____

Assets:

\$ _____ Total Real Estate (Gross Value)

\$ _____ Savings and Checking Accounts

\$ _____ Capital Value of Business

Liabilities:

\$ _____ Total of Real Estate
Mortgage Balances

\$ _____ Total Other
Outstanding Loans
(Auto, Appliance Etc.)

\$ _____ 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: <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**

Authorization:

I have enclosed the first two pages of my last year's Federal Tax Return.

Print Name: _____

Signature: _____ **Date:** _____