



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

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. 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 grades 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 _____

PLEASE INCLUDE AN OFFICIAL TRANSCRIPT

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

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
\$ _____	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**

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

Signature: _____ Date: _____