

# Scholarship Application

[www.healthyvisionassociation.com](http://www.healthyvisionassociation.com)



Healthy Vision Association (HVA) awards scholarships of \$2,500 each to students who are attending one of the 21 optometry schools in the United States and who meet the criteria listed below. Up to 20 scholarships will be awarded each year. They are based on grade point average, extracurricular activities, and a required essay.

All requested information must be received by the Scholarship Committee before your application will be considered. Be sure to complete both sides of the application before submission, and please print clearly.

**Application Deadline: October 30 (all awards are for the fall semester)**

## Criteria for HVA Scholarship

1. You must be either: a) an HVA member whose membership is current and in good standing; or b) a spouse or child (28 years or younger) of an HVA member whose membership is current and in good standing.
2. You must be enrolled at one of the nation's 21 accredited optometry schools. You must be able to show your grade point average (GPA) to the Scholarship Committee by emailing, faxing or mailing current educational facility-generated documents from the high school or optometry school you are now attending.

First-time application    or     Renewal application

Fall semester applying for:  
20

Primary HVA member's name:

## Applicant Information (All information will remain strictly confidential.)

Student's full name: \_\_\_\_\_

Student's permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent phone number: (    ) \_\_\_\_\_ Email address: \_\_\_\_\_

I understand that recipients of HVA Scholar Funds may be advised to declare these proceeds based upon applicable State and Federal income tax rulings.

Applicant Signature: \_\_\_\_\_

## Educational Institution Information

Name of optometry school you are, or will be, attending: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Previous semester GPA: \_\_\_\_\_ Current year or # hours completed: \_\_\_\_\_

Please list any additional scholarships and/or grants you have been awarded:

\_\_\_\_\_  
\_\_\_\_\_

*(continue to other side)*

## Required Additional Information

Scholarship applications will not be considered without the additional information listed below.

It can be emailed, faxed or mailed as attachments along with your application. If sent separately, be sure to identify each item with your name and phone number. The following are separate checklists for first-time applicants and students re-applying for the scholarship.

*(Please check off each item as you complete it.)*

### FIRST-TIME APPLICANT CHECKLIST:

- Either 2 letters of recommendation or an essay explaining why you believe you'll be an excellent optometrist.
- Your high school and/or college transcript. Please send grades from the semester prior to the semester for which you are applying.
- A list of all your extracurricular activities and clubs.
- Any other information you feel is pertinent to your being considered for this scholarship.

### CURRENT RECIPIENT (re-applying for scholarship) CHECKLIST:

- Previous semester's grades.
- A statement on your progress and any changes you might have made in your educational goals.



## APPLICATION DEADLINE IS OCTOBER 30

All awards are for the fall semester. Awards will be sent directly to your school.

### Email, fax, or mail your application and all supporting documents to:

Email: [scholar@healthyvisionassociation.com](mailto:scholar@healthyvisionassociation.com)  
Fax: 636-530-7777 (Attn: Healthy Vision Association Scholarship Committee)  
Mail: Healthy Vision Association Scholarship Committee  
16476 Wild Horse Creek Road, Chesterfield, MO 63017

*Note: Recipients of HVA Scholarship Program funds may be advised to declare these proceeds based on applicable state and federal income tax rulings.*