# **PETRY-LOMB SCHOLARSHIP**

The Petry-Lomb Education Committee, which is affiliated with the Rochester (New York) Optometric Society, has established the Petry-Lomb Scholarship for deserving optometry students or graduate students who are interested in returning to upstate New York after they complete their education.

This is an annual scholarship that shall be awarded to an optometry student or graduate student who meets the following criteria:

* Financial need as determined by application and interview.
* A second, third or fourth year student in good standing in an accredited College of

 Optometry.

* A sincere desire to practice Optometry in upstate New York after graduation.

 Preference given to areas served by the Rochester Optometric Society (counties of

 Monroe, Wayne, Livingston, Genesee, and Ontario).

The minimum amount given is $1000. The Committee may award more than one scholarship grant per year. An optometry student or graduate student may receive the award more than once during his/her professional schooling, but must reapply each year.

Award monies are sent directly to the school to apply towards tuition or a specific clinical research project.

Semifinalists will be **required** to travel to Rochester for an interview at their own expense. The exact date will be left to the discretion of the committee; however, the Wednesday prior to Thanksgiving has been chosen in the past. A transcript and further financial information may also be required.

Applications for this scholarship are available at each accredited college of optometry, through the Petry-Lomb Education Committee or at the Petry-Lomb website (www.rocheyedocs.org). Applications must be submitted by email to: Petrylomb@gmail.com

The application deadline is November 1, 2019. Application materials will not be accepted after this date. Petry-Lomb scholarship winners will be notified by December 31st of that year.

Please direct any questions to the Petry-Lomb committee at Petrylomb@gmail.com

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Day Year

## **PETRY-LOMB SCHOLARSHIP/RESEARCH GRANT APPLICATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_U.S. Citizen?\_\_\_\_\_\_

Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permanent Mailing Address (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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County & State of Legal Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School City County State

Years Attended: from\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_

Undergraduate College Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended: from\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_

Optometry College Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended: from\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 anticipated completion date

Current Post Graduate Work or Residency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bursar’s Office Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optometric Grade Point Average Last Semester\_\_\_\_\_\_\_\_\_\_\_Overall GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

1. What are your plans following completion of your education?

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1. Do you intend to become licensed in New York state?\_\_\_\_\_\_\_\_\_
2. List any additional states where you intend to become licensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other than academics, what extracurricular activities/interest/hobbies/organizations have you been involved with in undergraduate, optometry school, or graduate school?

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

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1. Please write a paragraph explaining why you are deserving of this scholarship.

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**FINANCIAL INFORMATION**

(To be completed by all scholarship applicants)

Are you financially independent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last year’s total income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of dependents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you finance your education and living expenses last year? (Please complete below)

Summer employment: Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total earnings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic year employment: Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total earnings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total earnings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you anticipate your annual expenses will be this year? (Please complete below)

Tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_ Housing $\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment $\_\_\_\_\_\_\_\_\_\_\_\_\_

Books $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan Payments $\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (explain) $\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_

To date, what is your total indebtedness: Educational: $\_\_\_\_\_\_\_\_\_\_\_\_

Non-educational: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to submit further financial information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please submit **three** letters of recommendation including one former employer, one college teacher or advisor, and one additional recommendation of your choice.
* Note: **Recommendations must be on letterhead and signed.** Please submit letters of recommendation by email to: Petrylomb@gmail.com