

(12) Do you have, or have you had any illness or physical disability that might in any way interfere with your education and responsibilities as an orthoptic student? _____

(13) ARE YOU A RELATIVE OR EMPLOYEE OF ANY OF THE FOLLOWING?

The Program or Medical Director of the Orthoptic School?	YES ___	NO ___
Member of the Costenbader Society?	YES ___	NO ___
Member of the Orthoptic Student Loan Advisory Committee?	YES ___	NO ___

(14) NEAREST RELATIVE (OTHER THAN SPOUSE):

NAME	RELATIONSHIP
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE	

(15) List education chronologically from high school to present:

FROM	TO	NAME OF SCHOOL	LOCATION	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(16) List employment history, most recent employer first.

FROM	TO	EMPLOYER	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section II. Financial Data

(1) ESTIMATED INCOME AND RESOURCES PER YEAR:

From employment (include stipend from Program, if any): _____

From family/spouse: _____

From savings or investments: _____

From other scholarships or loans: _____

Other: _____

TOTAL PREDICTED INCOME FOR 2006 ACADEMIC YEAR: \$ _____

(2) ESTIMATED EXPENSES PER MONTH:

Estimated monthly living expenses:
(rent, utilities, food, transportation) _____

Total of other monthly expenses or payments:
(credit cards, child care, medical expenses) _____

Total of student loan payments _____

TOTAL ESTIMATED MONTHLY EXPENSES: \$ _____

(3) ESTIMATED EXPENSES FOR ORTHOPTIC EDUCATION

Program Tuition (per year): _____

Books and supplies: _____

Other (list or describe, and attach to this application): _____

TOTAL: \$ _____

(4) Have you previously received any state or federal grants for undergraduate or graduate studies? If so, please list the type and amount of the grant(s). _____

(5) Do you have any unusual circumstances or hardship affecting your ability to finance your education that you feel the Committee should know in order to make a decision regarding your application?

(6) Are there any unusual circumstances that would affect your ability to repay the loan upon graduation?

Candidates may be asked to provide proof of financial data. This may include receipts for monthly loan payments showing current balance, rent/mortgage, or other monthly expenses, a credit report, as well as a W-2 or Revenue form (if from Canada). Do not include this information unless requested by the Committee.

Section III. Merit

(1) PERSONAL STATEMENT

In 200 words or less (typewritten, double-spaced), please describe your professional goals and aspirations, and why you chose the profession of Orthoptics. Enclose your composition with this application.

(2) REFERENCES

Three letters of recommendation are required. List below the names of your references and ask them to write *directly* to the Chair of the Advisory Committee (see below).

- 1. _____
NAME ADDRESS
- 2. _____
NAME ADDRESS
- 3. _____
NAME ADDRESS

(3) LETTER OF ACCEPTANCE TO THE ORTHOPTIC PROGRAM

Attach a copy of your letter of acceptance to this application.

(4) LETTER OF REFERENCE FROM THE ORTHOPTIC PROGRAM DIRECTOR

Attach a copy of this letter to the application.

(5) TRANSCRIPTS

Please enclose an official copy of your college transcripts.

(6) List any memberships in societies, professional organizations, or others: _____

(7) Do you have any hobbies, special skills, or extracurricular activities that you enjoy? _____

(8) Please list any other achievements or awards. _____

I certify that all of the above information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE: _____

DATE: _____

Check to see that all questions have been answered. Mail, Fax, or e-mail the completed application and enclosures to: Cynthia Avilla, C.O.
Chair, Parks Orthoptic Student Loan Advisory Committee
5614 Effingham Drive
Houston, TX 77035
cavalla@houstoneye.com; cwavilla@msn.com
(713) 668-2378 fax