

Have references send letters of recommendation directly to the Vision Foundation. References should include an educator, a school administrator, and/or an optometry mentor. None of the references may be a relative.

Attach a short (300 words or less) explanation of “Why I Have Chosen Optometry as a Profession”

Attach a short (100 words or less) statement on “How A Scholarship Will Benefit Me.”

Please mail all documents to the address below and *have an official transcript mailed from your school of optometry* to:

Mississippi Vision Foundation
ATTN: Helen St. Clair Scholarship
141 Executive Drive, Suite 5
Madison, MS 39110

By signing this application, I am verifying that I am entering the third year of optometry school in the coming fall and that my responses to the items above are accurate and truthful. I am also agreeing that I intend to return to Mississippi to practice optometry and that I am entering a contract to repay any award amount from the Mississippi Vision Foundation should I not return to the State of Mississippi for the practice of optometry within five (5) years of graduation and/or completion of residency.

Signature _____

Date _____

CHECKLIST FOR APPLYING for 202 Scholarship:

- Complete Application Form
- Write “Why I have Chosen Optometry as a Profession” (300 words or less)
- Write “How A Scholarship Will Benefit Me.” (100 words or less)
- Have School of Optometry submit official transcript
- Have 3 letters of recommendation mailed directly from the references to the Foundation

All materials due to the Foundation NO LATER THAN April 26, 2024.