**2020 South Dakota Optometric**

**Society Scholarships**

The South Dakota Optometric Society will award scholarships in September 2020. Please follow these application instructions and submit all materials by 5:00 p.m. CDT on Monday, August 31, 2020.

**Eligibility Requirements**

1. The applicant must have completed pre-optometry professional school education requirements.
2. The applicant must be a second- or third-year optometry student attending an accredited school of optometry for the fall 2020 term.
3. The applicant must be a resident of the state of South Dakota.
4. Award of scholarship will be based primarily on grade point average (undergrad GPA of 3.5 and above, and graduate GPA of 3.0 and above).
5. Amount of award will vary depending on number of applicants and will be set by SDOS Board each year.
6. Student awarded a scholarship in 2019 is not eligible to apply this year.

**Application Process**

1. Complete the Application Form.
2. Write a short essay (300 words or less) explaining your interest in optometry and attach this sheet to your application form.
3. Write a short essay (100 words or less) describing your need for a scholarship and attach this sheet to your application form.
4. Request that applicable transcripts from the following institutions be sent directly to the South Dakota Optometric Society:
5. College (all undergraduate)
6. Optometry school (all work completed to date)

**If you wish to apply for these scholarships, please carefully follow the instructions and forward all required documentation no later than August 31, 2020 to:**

SDOS

PO BOX 1173

Pierre, SD 57501

Material may also be submitted electronically to: deb.mortenson@pie.midco.net

If you have questions, please call 605-224-8199 or email deb.mortenson@pie.midco.net.

**2020 South Dakota Optometric Society**

**Scholarship Application**

*All information submitted is confidential and for the use of the selection committee only.*

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include maiden name if applicable)

Present address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male\_\_\_\_\_ Female\_\_\_\_\_\_ Single\_\_\_\_\_\_\_\_ Married\_\_\_\_\_\_\_\_

Spouse’s name (include maiden name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of dependents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived in South Dakota? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of siblings in college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for or are you receiving any other financial aid?

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list schools attended and degrees received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

At which school of optometry are you accepted to attend this fall?

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

Signature

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