

JCAHPO EDUCATION AND RESEARCH FOUNDATION

STUDENT APPLICATION FOR SCHOLARSHIPS

Ophthalmic Medical Technician Training Programs (Assistant/Technician/Medical Technologist/Orthoptist)

**Scholarship Information:** Most scholarships will be awarded as vouchers towards the certification examination fee. The amount of each award typically ranges from \$50 to \$340. Criteria used for determining the amount are a Student’s GPA and level of the certification examination being taken. Program Directors may include additional information for consideration if applicable (see student application).

Selection of scholarship recipients and amounts awarded is accomplished by the Scholarship Committee and at the discretion of the Foundation’s Board of Directors. Awards of more than \$1,000 will be distributed in two portions and distributed to either the school or the student, dependent on amount of tuition owed to the school. The second payment is released upon receipt of a favorable progress report from the program director.

If a Foundation grant benefactor restricts a gift to students in a particular city/state, the medical and program directors may be asked to recommend the candidate(s) in that locale. Currently the following programs have funds designated:

- Regions Hospital: Budd Appleton, MD, Memorial Scholarship Fund
- Georgetown University: Charles Douglas Memorial Scholarship Fund and Peter Y. Evans, MD, Scholarship Fund

**Orthoptic Program Information:** *Orthoptic program students are eligible for scholarships made available through specially designated donations. Scholarship recipients receive a check for the scholarship amount.*

There are two submission deadlines: **March 1 and June 1**

**PROGRAM ELIGIBILITY**

Eligible programs must be approved, accredited or have received a Letter of Review, and are active educational programs for ophthalmic assistants, technicians, medical technologists or orthoptists for the current academic year.

Schools must publicize the availability of educational scholarships to potential candidates.

**INFORMATION FOR PROGRAM DIRECTORS**

Please submit one application package for all students seeking a scholarship. The package should include:

- Completed scholarship application for each student
- Copy of “JCAHPO Application for Examination” for each student (student retains *original* to be submitted w/ voucher or payment). *\*Not required for students not taking a certification exam (Orthoptic training program students or students eligible for support through a designated fund).*
- Student transcripts for each student
- Signed Release of Information
- If applicable, additional information to be considered in review of student’s scholarship application
- If applicable, please indicate top student for both first and second year (Regions and Georgetown University)

*If enrollment is discontinued during an academic semester/quarter, the school may retain the portion of the scholarship allocated to cover the tuition fee for that academic period. Any amount remaining shall be immediately returned to the JCAHPO Education and Research Foundation.*

**MAIL TO:**

**JCAHPO Education and Research Foundation  
2025 Woodlane Drive  
St. Paul, MN 55125**

**CONTACT INFORMATION:**

If you have any questions or concerns, please contact the JCAHPO Education and Research Foundation:

PHONE: (800)284-3937

EMAIL: [foundation@jcahpo.org](mailto:foundation@jcahpo.org)

**JCAHPO EDUCATION AND RESEARCH FOUNDATION**

**STUDENT APPLICATION FOR SCHOLARSHIPS**

**Ophthalmic Medical Technician Training Programs (Assistant/Technician/Medical Technologist/Orthoptist)**

APPLICANT NAME:

ADDRESS:

CITY STATE/PROVINCE: POSTAL CODE:

EMAIL: PHONE:

PROGRAM SCHOOL CITY STATE/PROVINCE:

PROGRAM YEAR: TRANSCRIPT GPA: GRADUATION DATE: TUITION OWED: \$

CERTIFICATION EXAM LEVEL:  COA  COT  COMT  OTHER  Not Applicable

*Students maintaining the school's standards of achievement may be eligible to reapply for a scholarship for the second year of a two-year program.*

DISCLOSURE INFORMATION:

*I am related to...*

Director of the School  YES  NO

Faculty of the School  YES  NO

Dept. of Ophthalmology  YES  NO

JCAHPO Education and Research Foundation Board of Directors  YES  NO

*The applicant's age, sex, religion, or race shall not be considered unless a benefactor has made a restricted scholarship gift.*

*I affirm that the information provided by me in this application is true and accurate to the best of my knowledge. I understand that the submission of incorrect or fraudulent information may result in denial of my application*

*By signing this application, I agree that JCAHPO and its Foundation are authorized to use and publish my name as they choose. I also release JCAHPO and its Foundation from any and all claims for damages of libel, slander, invasion of privacy, or any other claim.*

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

PROGRAM DIRECTOR USE ONLY (Please include any additional information for consideration of this application):

\_\_\_\_\_  
Initials

For Foundation Use Only:

FUND	AMOUNT: \$	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
VOUCHER TYPE	AMOUNT: \$	VOUCHER #	
	TOTAL: \$		

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**RELEASE AND AUTHORIZATION FOR USE OF NAME AND QUOTE**

Release executed by

Name:

Address:

Herein referred to as "Originator" in favor of the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), 2025 Woodlane Drive, St. Paul, MN 55125-2998, herein referred to as "Organization"

In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide use of Originator's **name**, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization.

AND

In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide personal **quotations** of Originator, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization.

Originator hereby releases Organization and Organization's officers, directors, committee members, employees and agents, as well as any assignees, from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon use of the above-described material.

In witness thereof, Originator executes this release on the day and year written below.

Signature of Originator

Date: