

## Jennie B. Busch Annual Scientific Session & Certification Scholarships

Susan Busch, COMT, has worked hard to support eye care technicians and has been a member of the Association of Technical Personnel in Ophthalmology (ATPO) since 1992. In honor of her mother, Jennie B. Busch, Susan has established a scholarship fund as a tribute to Jennie’s dedication to Susan’s career as an AOP. In recent years, Susan served on the ATPO Board of Directors, its Marketing and Education Committee, and as the ATPO National Chair of the Regional Mentor Program. Since 1992, Susan has served as a lecturer and workshop instructor at IJCAHPO’s Annual Continuing Education meeting and led the COMT practical exam review sessions for technicians. In 2013, Susan represented IJCAHPO on a trip to Cameroon with Orbis International, where she was part of a team that provided training to the local eye care team.

### **Jennie B. Busch Annual Scientific Session Scholarship**

- ✓ All applicants must be a member in good standing with the Association of Technical Personnel in Ophthalmology.
- ✓ All applicants must complete and submit a Jennie B. Busch Scholarship Application.
- ✓ Applicants must provide proof of registration for the Annual Scientific Session and Grand Rounds.
- ✓ Applicants must provide proof of travel expenses.

### **Jennie B. Busch Certification Scholarship**

- ✓ Applicants applying to retest for the COT Skill Evaluation and COMT Performance Test must show application acceptance.
- ✓ Applicants must provide proof of travel expenses.
- ✓ Applicants must be an ATPO Member in good standing.

- ✓ A ONE-PAGE original essay between 300 and 500 words typed and double-spaced on the topic “Why are well-trained AOPs a benefit to the patient?” is to be included with the application.
- ✓ All applications must be postmarked by the deadline date of November 30. Faxes will not be accepted.
- ✓ Applicants may only receive funds from this scholarship fund once in their lifetime and cannot have received previous financial support from the JCAHPO Education and Research Foundation within the past 3 years.

### **Conditions and Distribution of Jennie B. Busch Annual Scientific Session Scholarship**

Up to \$500 dollars could be awarded.

Proceeds are restricted to attendance at the ATPO Annual Scientific Session and Grand Rounds. Must provide proof of registration and attendance.

Applicant is eligible for up to \$250 towards travel expenses. Applicant must cover 25% of own costs.

Applicant is eligible for 50% of their registration fee to be covered.

Recipients will agree to publication of a news release and/or article in a newsletter.

Applications must be signed and must include all required information as requested on the application.

### **Conditions and Distribution of Jennie B. Busch Certification Scholarship**

ATPO members may apply for 50% of the funds to cover retest for certification of the COT Skill Evaluation and COMT Performance Test.

For those seeking funds for the COT Skill Evaluation or the COMT Performance Test travel costs, submission of receipts for travel must be submitted.

Proceeds up to \$250 may be applied for to cover travel costs to take the COT Skill Evaluation or the COMT Performance Test. Applicant must cover 25% of own cost.

Receipts and documentation must be submitted by November 30.

Recipients will agree to publication of a news release and/or article in a newsletter.

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

## Jennie B. Busch Annual Scientific Session & Certification Scholarships

FULL NAME:		IJCAHPO ID#	DOB
Currently I am: <input type="checkbox"/> COA <input type="checkbox"/> COT <input type="checkbox"/> COMT <input type="checkbox"/> ROUB <input type="checkbox"/> CCOA <input type="checkbox"/> CDOS <input type="checkbox"/> Not certified <input type="checkbox"/> ATPO Member			
Preferred Address		City	State/Province
Postal Code		Phone	Email
Employer			
Employer Address		City	State/Province
Postal Code		Phone	Website
Position		Start Date	Supervisor
Meeting Date:  Location for which you are applying:			CHECKLIST:  <input type="checkbox"/> Verify Eligibility  <input type="checkbox"/> Application/ Signature Page  <input type="checkbox"/> Essay/Multi-Media

*I attest that all information provided in this application is true and accurate to the best of my knowledge, and that I have not received financial support from the JCAHPO Education and Research Foundation in the past three (3) years. (PLEASE NOTE: This includes IJCAHPO / ATPO CE and Stein Scientific Paper).*

Signature:	Date:
Release and Authorization for Use of Name and Quote	
Release executed by (Name) _____, (Address) _____	
Herein referred to as "Originator" in favor of the:	
<ul style="list-style-type: none"> <li>o International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), 2025 Woodlane Drive, St. Paul, MN 55125-2998, herein referred to as "Organization".</li> </ul>	
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:

**COPYRIGHT FORM FOR SCHOLARSHIP & GRANT ESSAY OR VIDEO SUBMISSIONS  
TO IJCAHPO/JCAHPO EDUCATION AND RESEARCH FOUNDATION**

The author grants to IJCAHPO/JCAHPO Education and Research Foundation a non-exclusive worldwide non-revocable royalty-free license to copy, use, reproduce, and distribute in whole or in part the Content and/or Images. The author represents and warrants to IJCAHPO/JCAHPO Education and Research Foundation:

That the Content and/or Images are the authors original work and that the license in the Content and/or Images granted to IJCAHPO/JCAHPO Education and Research Foundation does not infringe upon any statutory copyright, common law right, proprietary right, or any other intellectual property or legal right of any party whatsoever;

The author must submit a copy of any permission(s) received for photos or visuals, which are included in the paper or video.

To the extent the Content and/or Images contain any third party's works of authorship, author has obtained all necessary licenses and rights to enable author to grant a valid license to IJCAHPO/JCAHPO Education and Research Foundation pursuant to this Agreement; and that author is the sole current owner of the copyright of the Content and/or Images and has not assigned any part of such copyright or any exclusive license of the same.

The author agrees to indemnify IJCAHPO/JCAHPO Education and Research Foundation against and hold IJCAHPO/JCAHPO Education and Research Foundation harmless from any loss, expense, damage, cost or attorney fees suffered by reason of a breach of any of the foregoing warranties.

In witness thereof, Originator executes this release on the day and year written below. Author will retain copyright to the underlying paper or video material including original graphics/animations being repurposed.

Signature of Author:	Date:
----------------------	-------