

**JCAHPO EDUCATION AND RESEARCH FOUNDATION**

**STUDENT APPLICATION FOR SCHOLARSHIPS**

**Orthoptist Training Programs**

**Scholarship Information:** Orthoptic program students are eligible for scholarships made available through specially designated gifts. Two scholarships may be made available per year, up to \$750.00 each. Scholarship recipients will receive a check for the scholarship amount and their case study may be featured in IJCAHPO publications. Criteria used for determining the recipients is based on the case study, two letters of recommendation, and completed application. All applications must be submitted individually by the student.

Selection of scholarship recipients is accomplished by the Scholarship Committee and at the discretion of the Foundation's Board of Directors. The case study will be reviewed by a panel of orthoptists and evaluated with a detailed rubric.

Applicants must complete a case study, up to 750 words, on one of the following topics:

- Thyroid Eye Disease
- Duane's Syndrome
- Other relevant orthoptic topic of your choosing (topic must be submitted to the Foundation for approval, prior to it being submitted as a case study)

**Submission deadline: June 1**

**ELIGIBILITY**

Eligibility is for students in approved orthoptist training programs.

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

**INFORMATION FOR STUDENTS**

Please submit the following in one complete package:

- Completed scholarship application
- Case study
- Two letters of recommendation (one from current Program Instructor/Director, one from outside of the program)
- Signed Release of Information

**MAIL IN ONE COMPLETE PACKAGE 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**  
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APPLICANT NAME: _____	
ADDRESS: _____	
CITY: _____	STATE/PROVINCE: _____ POSTAL CODE: _____
EMAIL: _____	PHONE: _____
PROGRAM SCHOOL: _____	CITY, STATE/PROVINCE: _____
PROGRAM YEAR (1 <sup>st</sup> or 2 <sup>nd</sup> ): _____	GRADUATION DATE: _____
<i>Students are eligible to reapply for a scholarship for the second year of a two-year program.</i>	
DISCLOSURE INFORMATION:	
<i>I am related to...</i>	
Director of the School	<input type="checkbox"/> YES <input type="checkbox"/> NO
Faculty of the School	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dept. of Ophthalmology	<input type="checkbox"/> YES <input type="checkbox"/> NO
JCAHPO Education and Research Foundation Board of Directors	<input type="checkbox"/> YES <input type="checkbox"/> 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 IJCAHPO and its Foundation are authorized to use and publish my name as they choose. I also release IJCAHPO and its Foundation from any and all claims for damages of libel, slander, invasion of privacy, or any other claim.*

Applicant Signature: _____	Date: _____
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For Foundation Use Only:

FUND: _____	AMOUNT: \$ _____	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____
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**JCAHPO EDUCATION AND RESEARCH FOUNDATION**  
**STUDENT APPLICATION FOR SCHOLARSHIPS**  
**Orthoptist Training Programs**

**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: \_\_\_\_\_

**RELEASE AND AUTHORIZATION FOR USE OF CASE STUDY**

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 **case study**, 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.

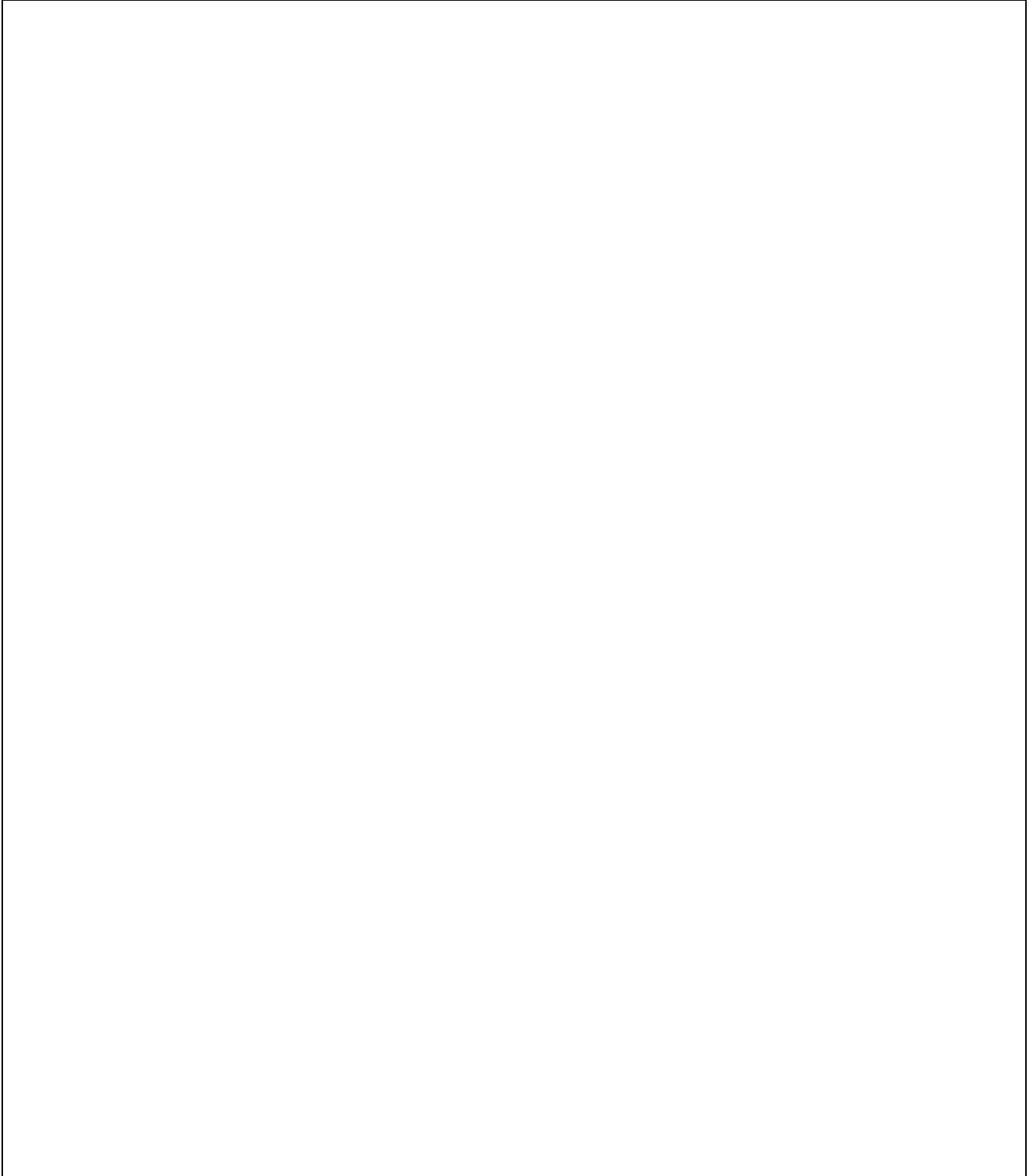
In witness thereof, Originator executes this release on the day and year written below.

Signature of Originator: \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant must answer the question below. The answer may be handwritten in the space provided or typed and attached to the application. Answer must not exceed 500 words.

Please tell us how you became interested in the field of orthoptics and your future professional goals.

A large, empty rectangular box with a thin black border, intended for the applicant to provide their answer to the question. The box is currently blank.