**Phil H. Weber Memorial Scholarship Fund Guidelines & Application**

### General Information
Phil Weber was born in Memphis, TN, and grew up in various parts of the country. He graduated from high school in Abington, PA, in 1966, then served in the U.S. Navy Submarine Service. In 1976, he graduated from Rutgers University, and in 1980 from Georgetown University Ophthalmic Medical Technologist Program with honors. Phil was President of Association of Technical Personnel in Ophthalmology (ATPO), and the Ophthalmic Photographers' Society, and was presented with the ATPO Fellow Award in 1993 for outstanding contributions to the organization. His short life was filled with achievements in many arenas: academia, community service, military, and professional organizations. After his graduation from the Georgetown Program, he was an instructor in ophthalmic photography at the university medical school. After moving to Greeley, CO, in 1982, he chaired the Ophthalmic Technologist Advisory Committee. His IJCAHPO activities included ATPO representative from 1988 until his death in 1995, and serving as Secretary of Certification.

Grants are awarded as vouchers to be used towards: (1) training program scholarships; (2) IJCAHPO certification; or (3) continuing education. Amounts range from $50 full registration and are valid for one year from the date the voucher is issued.

### Important Information
Selection of recipients is accomplished by a Foundation Selection Committee. As soon as a determination has been made, we will notify you of your status.

The Board of Directors of the JCAHPO Education & Research Foundation has full discretion concerning the recipient’s award and their decision is final.

The applicant’s age, sex, religion, and race shall not be considered.

The cooperation of recipients shall be expected in facilitating the publication of a news release and/or article in a newsletter.

Where applicable, Candidates may be selected based on a contributor or benefactor’s restriction of a gift to a particular geographical location or area of interest.

Applications must be completed and signed, including all required information as requested on the application. By signing the application, the applicant gives the Selection Committee permission to investigate and verify all information provided and agrees to provide such information as the committee may request in order to properly evaluate the application for funding.

All applicants will be informed of status of application via e-mail.

Applicant must be an ATPO member in good standing.

### Specific Information for Phil H. Weber Memorial Scholarship Fund:
Grants will be awarded as a voucher towards:
1. Training Program Student Scholarship
2. IJCAHPO Certification
3. IJCAHPO Annual Continuing Education
4. ATPO Scientific Session and Grand Rounds

Recipients MUST attend the program.

Amounts range from $50 to full registration.

Phil H. Weber scholarships are awarded by a committee.

The grant check is mailed to the recipient six to eight weeks after the event.

### All Applicants Must Provide
Applicants must provide proof of ATPO membership.

Applicants must submit original paper or multi-media presentation on the following title (Written papers must be 500-800 words typed and double-spaced):

“The Importance of My Role on the Eye Care Team”

All applications must be postmarked by the deadline date of January 30 or July 30. Faxes will not be accepted.

A person may receive only one (1) JCAHPO grant in any given year and are not eligible to apply if they have received a grant from the JCAHPO Education and Research Foundation, within a three (3) full year cycle (PLEASE NOTE: This includes IJCAHPO CE and Stein Scientific Paper).
# Phil H. Weber Memorial Scholarship Fund Guidelines & Application

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  - [ ] Not certified

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- [ ] Phil H. Weber Memorial Scholarship *Applications accepted January 1 - July 31*

  Meeting Date: [ ] Location for which you are applying:

  Special Interests related to ophthalmology:

  - [ ] Verify Eligibility
  - [ ] Application/Signature Page
  - [ ] 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 CE and Stein Scientific Paper).**

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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:

- [ ] International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), 2025 Woodlane Drive, St. Paul, MN 55125-2998, herein referred to as “Organization”

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**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.

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