

# 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 to 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.

## 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.

## All Applicants Must Provide

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).

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

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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	
<b>Employer</b>			
Employer Address	City	State/Province	
Postal Code	Phone	Website	
Position	Start Date	Supervisor	
<input type="checkbox"/> Phil H. Weber Memorial Scholarship * Applications accepted January 1 - July 31  Meeting Date:                      Location for which you are applying:  Special Interests related to ophthalmology:			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 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>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:

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Signature of Author:	Date:
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