Michelle P. Herrin Scholarship Fund Guidelines & Application

General Information

Michelle P. Herrin, COMT, has been in ophthalmology since 1974. She was trained as a technician and orthoptist at the University of Florida. She currently volunteers at the Florida Lions Eye Clinic in Bonita Springs seeing children. This scholarship is for ACE in New Orleans, October 9-11, and has been established in memory of her son, Michael. She enjoys attending this program and wants to give others the opportunity to attend and enjoy it, as well as give them the ability to obtain their continuing education while improving their career.

If you passed one of the following certification exams; COA, COT, COMT, OSC, or CRT, between January 1, 2026, and August 31, 2026, you may be eligible to have your registration paid for the ACE 2026 Program. Also, you will be reimbursed for the exam you passed.

The scholarship will be awarded as a voucher. This voucher is only valid for the ACE 2026 Program in New Orleans, and cannot be used for any other meeting.

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 the Michelle P. Herrin Scholarship Fund: The Scholarship will be awarded as a voucher towards:

1. Registration for the IJCAHPO ACE 2026 Program (3-day onsite)
2. Recipients MUST attend the program

Eligibility:

1. Open to technicians planning to attend IJCAHPO's ACE 2026 program.
2. Must have become newly certified COA, COT, COMT, OSC, or CRT, during the following time period: January 2026–August 2026.

All Applicants Must Provide

1. Proof of certification with date achieved.
2. Brief answer to these questions (150 words in total):
   - What is your favorite area of ophthalmology?
   - Do you plan to achieve the next level of certification?
   - Where do you see yourself in 3 years?

Applications must be postmarked by the deadline date of **September 21, 2026**.

A person may receive only one (1) JCAHPO grant in their lifetime and are not eligible to apply if they have previously received a grant from the JCAHPO Education and Research Foundation. (PLEASE NOTE: This includes IJCAHPO CE and Stein Scientific Paper.)

FUND	AMOUNT: $	APPROVED: ☐ YES ☐ NO	DATE:
VOUCHER TYPE	AMOUNT: $	VOUCHER #:	
	TOTAL: $		

Michelle P. Herrin Scholarship Fund Application

FULL NAME:	IJCAHPO ID#:	DOB:
Currently, I am: ☐ COA ☐ COT ☐ COMT ☐ OSA ☐ CRT		

Preferred Address	City	State/Province
Postal Code	Phone	Email

Employer		
Employer Address	City	State/Province
Postal Code	Phone	Website
Position	Start Date	Supervisor

☐Michelle P. Herrin Scholarship Fund ***** *Applications accepted until September 21, 2026*

1. *What is your favorite area of ophthalmology?*
2. *Do you plan to achieve the next level of certification?*
3. *Where do you see yourself in 3 years?*

CHECKLIST:

☐ Verify Eligibility

☐ Application/ Signature Page

☐ Three Questions Answered

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. (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:

- International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), 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.

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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: