



WALMAN OPTICAL

*family of businesses*

# WALMAN OPTICAL COMPANY SCHOLARSHIP PROGRAM

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## THE PROGRAM

Walman Optical Company has established a scholarship program to encourage and assist students at schools and colleges of Optometry. Scholarships are offered each year for full-time study at participating schools selected by Walman Optical Company.

This scholarship program is administered by Scholarship Management Services®, a division of Scholarship America®. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

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## ELIGIBILITY

Applicants to the Walman Optical Company Scholarship Program must be students –

- attending one of the following schools and colleges of Optometry:
    - University of Alabama at Birmingham, School of Optometry (Birmingham, AL)
    - Midwestern University, Arizona College of Optometry (Glendale, AZ)
    - University of California, Berkeley, School of Optometry (Berkeley, CA)
    - Southern California College of Optometry (Fullerton, CA)
    - Western University of Health Sciences, College of Optometry (Pomona, CA)
    - Nova Southeastern University, Health Professions Division, College of Optometry (Ft. Lauderdale, FL)
    - Illinois College of Optometry (Chicago, IL)
    - Indiana University, School of Optometry (Bloomington, IN)
    - New England College of Optometry (Boston, MA)
    - Michigan College of Optometry, Ferris State University (Big Rapids, MI)
    - University of Missouri - St. Louis, College of Optometry (St. Louis, MO)
    - State University of New York, State College of Optometry (New York, NY)
    - The Ohio State University, College of Optometry (Columbus, OH)
    - Northeastern State University, Oklahoma College of Optometry (Tahlequah, OK)
    - Pacific University, College of Optometry (Forest Grove, OR)
    - Pennsylvania College of Optometry, Salus University (Elkins Park, PA)
    - Southern College of Optometry (Memphis, TN)
    - University of Houston, College of Optometry (Houston, TX)
    - University of the Incarnate Word, Rosenberg School of Optometry (San Antonio, TX)
    - University of De Montreal, School of Optometry (Montreal, Quebec)
    - University of Waterloo, School of Optometry (Waterloo, Ontario)
    - Inter-American University of Puerto Rico, School of Optometry (Bayamon, PR)
  - currently enrolled in the second or third year of a full-time four-year post-graduate program leading to a Doctor of Optometry degree.
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## AWARDS

If selected as a recipient, the student will receive an award ranging from \$1,000 to \$4,000. Awards are not renewable, but students may reapply to the program each year they meet eligibility requirements.

Awards may be used for education-related expenses and are only for post-graduate study leading to a Doctor of Optometry degree at one of the designated schools.

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## APPLICATION

Interested students must complete the application and mail it along with the required transcripts of grades to Scholarship Management Services postmarked no later than **April 10**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. A complete transcript is required from the college of Optometry the applicant currently attends.

Applicants are responsible for gathering and submitting all necessary information. Instructions for completing the Financial Data section of the application are included below. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by Scholarship Management Services.

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## SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Once scholarship recipients are selected, financial data is reviewed to determine the amount of each award, ranging from \$1,000 to \$4,000.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of Walman Optical Company play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified by the end of May. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

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## PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes scholarship payments on behalf of Walman Optical Company. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable to the school for the student.

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## OBLIGATIONS

Recipients have no obligation to Walman Optical Company. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

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## REVISIONS

Walman Optical Company reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

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## ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

**Walman Optical Company Scholarship Program**

Scholarship Management Services  
One Scholarship Way  
Saint Peter, MN 56082

Telephone: (507) 931-1682

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# INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

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The Financial Data section of the application should be completed by the student (or parent if a dependent). Information should be from a completed tax return or based on estimated information to be filed with the IRS/Revenue Canada.

1. **State/Province of Residence** is the state/province where the student (or parent if a dependent) resides and pays state/province income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law. For Canadian applicants, report Taxable Income.
3. **U.S./Canadian Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state/province income tax.
4. **Total Income** of student and spouse (or parent(s) if a dependent) should be reported individually. Provide information for both natural parents (if the student is a dependent), when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** (For U.S. applicants only) include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.,** include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members** living in the household and primarily supported by the reported income may include:
  - the applicant
  - the applicant's parents
  - other children living in the household
  - dependent college students living away from home
  - other people who live in the household and receive more than half of their support from the reported income
  - independent students should only report those individuals who are supported by the reported income
9. **Marital Status** is the current status of the parents (or student if independent) from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.



# WALMAN OPTICAL COMPANY

## SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

**Application postmark deadline April 10**

**FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY**

I.D. #

AA	PD	GPA	TOTAL

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Soc. Sec./Nat. ID # \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please indicate your status. (For statistical purposes only)     Male     Female

American Indian /Alaska Native     Black/African American     Multi-Racial     White  
 Asian     Hispanic/Latino     Native Hawaiian/Pacific Islander

**PARENT OR GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Is the applicant a dependent of the parent?  Yes  No

**UNDERGRADUATE COLLEGE DATA**

College Name \_\_\_\_\_ College Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

**CURRENT OPTOMETRIC SCHOOL DATA**

Name of school you currently attend. **Use official school name. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Current year in Optometry program:     2     3

Year in Optometry program **next** year:     3     4     Other, explain \_\_\_\_\_

Date Doctor of Optometry degree expected: Month \_\_\_\_\_ Year \_\_\_\_\_

Student will:     live on campus     live off campus     commute from home

(U.S. students only) If school choice is a public institution, applicant will pay:  in-state resident tuition     out-of-state tuition

Sending a résumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets of paper. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., hospital volunteer, community theatre, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**FINANCIAL DATA (REQUIRED)**

**Instructions for this section are provided in the guidelines.**

This section should be completed by the student  if independent, or the student's parent(s)  if the student is a dependent. Income and tax figures are from a completed and filed federal tax return for the prior year. **To be considered for an award, this section must be filled out completely.**

- |  |  |
|--|--|
| <p>1. State/Province of Residence ..... _____</p> <p>2. Adjusted Gross Income.....\$ _____</p> <p>3. Total U.S. Federal or Canadian Tax Paid .... \$ _____</p> <p>4. Total Income of Student (or Father) .....\$ _____</p> <p style="padding-left: 20px;">Total Income of Spouse (or Mother) .....\$ _____</p> <p>5. U.S. Only - Yearly Untaxed Income and Benefits:<br/>Please indicate source –<br/><input type="checkbox"/> Social Security <input type="checkbox"/> Child Support<br/><input type="checkbox"/> Other .....\$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) ..... \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of student <input type="checkbox"/> or parent <input type="checkbox"/>:<br/><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____</p> |
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**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION (REQUIRED)**

A current transcript of grades is required from your college of optometry. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript of Grades

All materials, including transcript, must be addressed to:

**Walman Optical Company Scholarship Program**  
 Scholarship Management Services  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline April 10**

**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return (U.S. Applicants). Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's (or Spouse's) Signature \_\_\_\_\_ Date \_\_\_\_\_