A.H. BASMAN, O.D. SCHOLARSHIP 2024/25 APPLICATION FORM

| Optometrists |
|---------------|
| Vision. Care. |

| Name: | | | | |
|----------------------------------|--------------|----------|---------------|--|
| - | | | DATE OF BIRTH | |
| Mailing Address: | | | | |
| - | | | EMAIL | |
| - | | | PHONE | |
| Home Address: | | | | |
| (IF DIFFERENT FROM ABOVE) | | | | |
| - | | | PHONE | |
| School of Optometry enrolled in: | | | | |
| 🔲 1st Yea | r 🔲 2nd Year | 3rd Year | 4th Year | |

The Manitoba Association of Optometrists annually awards A. H. Basman, OD scholarships, in the amount of \$1,500 CDN for each optometric program year, to Manitoba residents attending optometric programs accredited or pre-accredited by the Accreditation Council on Optometric Education.

The selection for scholarships is based on academic performance as well as extra-curricular, community, and volunteer participation.

1. Scholastic Achievement

GRADE POINT AVERAGE:

Applicants must show proof of a minimum grade point average (GPA) of 3.5 or 75%.

<u> 1^{st} Year Students</u>: Attach transcript of your marks (sealed in an envelope from your institution) for your entire pre-optometry course of studies.

 2^{nd} , 3^{rd} , 4^{th} Year Students: Attach transcript of your marks (sealed in an envelope from your institution) for the immediate, preceding academic year.

Note: Internet copies are not acceptable.

In the event that no applicants for a particular scholastic year meet the minimum GPA requirement, a scholarship will not be awarded for that year.

2. <u>Extra-Curricular, Community and Volunteer Participation</u>

In addition to academic performance, the awarding of A. H. Basman, OD scholarships take into consideration participation in extra-curricular, community and volunteer activities.

Please list below the activities or volunteer offices you have participated in or held during the past four years.

3. <u>Declaration</u>

I hereby declare that I am a Manitoba resident enrolled in an accredited or preaccredited optometric program and that the information given above is true and complete.

Should I be selected as a scholarship recipient, I hereby give permission to the Manitoba Association of Optometrists to publish my name.

Signature

Date:

Return your completed, signed Application Form with your latest mark transcript to:

Manitoba Association of Optometrists 217 – 530 Century Street Winnipeg, Manitoba R3H 0Y4

DEADLINE FOR RECEIPT - FRIDAY, SEPTEMBER 6TH, 2024