

Dr. Leslie Mintz Scholarship Foundation

The Dr. Leslie Mintz Scholarship is awarded annually to an optometry school student or students who possess academic excellence, financial need, and the desire to serve the profession of optometry as did Dr. Leslie Mintz. The amount of each scholarship award can fluctuate based upon the yearly performance of the scholarship endowment fund; however, the scholarships often range from \$1000 to \$2500 per recipient. The total number and amount of scholarships awarded each year varies based upon the number of qualified applicants.

Applicants must intend to practice in NJ and must satisfy at least **one** of the following three criteria:

- Have a current legal address in NJ
- Be a member of the student New Jersey Society of Optometric Physicians organization should your optometry school have such an organization.
- Previously resided in New Jersey within the past 10 years.

In the personal statement, applicants should explain which of these three criteria they satisfy.

In addition to the application, you are required to have the following two recommendation letters and one personal statement sent to the foundation by the application deadline.

1. A LETTER FROM THE FINANCIAL AIDE OFFICER IN YOUR SCHOOL WHICH DETAILS THE AMOUNT OF ALL FINANCIAL ASSISTANCE YOU HAVE RECEIVED AND THE FINANCIAL AIDE OFFICER'S RECOMMENDATION CONCERNING YOUR NEED
2. A PERSONAL AND/OR SCHOLASTIC RECOMMENDATION SUBMITTED BY ANY PERSON YOU CHOOSE
3. YOUR STATEMENT OF WHY YOU SHOULD BE SELECTED FOR THE DR. LESLIE MINTZ SCHOLARSHIP (which explains your NJ residency or intent to practice in NJ)
4. COPY OF OPTOMETRY SCHOOL TRANSCRIPTS (1st year students are required to submit current year grades)

COMPLETE APPLICATIONS MUST BE RECEIVED BY JANUARY 20th

Finally, as this scholarship is named after a strong leader in organized optometry, it is the desire of the scholarship committee that recipients of this scholarship become the future leaders of the NJSOP. We strongly encourage all recipients of this scholarship to attend local and state NJSOP meetings and to become active in the NJSOP committee structure. Once you have graduated and settled in NJ, please contact the NJSOP for more information about participating in your profession.

STUDENT'S CERTIFICATION AND AUTHORIZATION

I DECLARE THAT THE INFORMATION REPORTED ON THIS FORM, TO THE BEST OF MY KNOWLEDGE, IS ACCURATE AND COMPLETE. I FURTHER AGREE TO PROVIDE ANY OTHER OFFICIAL DOCUMENTATION NECESSARY TO VERIFY INFORMATION REPORTED ON THE STUDENT FINANCIAL STATEMENT.

SIGNATURE OF STUDENT _____ DATE _____

OFFICERS

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Established in 1971 by the New Jersey Society of Optometric Physicians
4 AAA Drive – Suite 204 – Hamilton, NJ 08691
Tel. (609) 323-4012 FAX (609) 323-4014

BIOGRAPHICAL INFORMATION

DATE _____

APPLICANT'S NAME _____

HOME ADDRESS _____

EMAIL: _____ CELL #: _____

SCHOOL ADDRESS *(if different)* _____

DATE OF BIRTH _____ preferred mailing address home or school *(circle one)*
GENDER: male or female *(circle one)*

MARITAL STATUS _____ NUMBER OF DEPENDENTS _____

NUMBER OF FAMILY MEMBERS (including self) _____

NUMBER OF FAMILY MEMBERS IN COLLEGE (including self) _____

HAVE YOU EVER BEEN A NJ RESIDENT? _____ if so when _____

CITY AND STATE WHERE YOU INTEND TO PRACTICE? _____

OPTOMETRIC SCHOOL _____ CLASS YEAR 1 ___ 2 ___ 3 ___ 4 ___

CURRENT CUMULATIVE GPA IN OPTOMETRY SCHOOL (UNDERGRAD IF 1ST YEAR) _____

OTHER COLLEGIATE INFORMATION:

NAME, LOCATION OF SCHOOL _____

YEARS IN ATTENDANCE _____ DEGREE AWARDED _____

NAME, LOCATION OF SCHOOL _____

YEARS IN ATTENDANCE _____ DEGREE AWARDED _____

OPTOMETRIC ORGANIZATIONS AND OFFICES _____

COMMUNITY ORGANIZATIONS AND INTERESTS _____

PLEASE LIST ANY ON OR OFF CAMPUS EMPLOYMENT YOU HAVE HELD IN OPTOMETRY
SCHOOL _____

SPECIAL OPTOMETRIC INTERESTS _____

FINANCIAL INFORMATION

	LAST ACADEMIC <u>YEAR</u>	ANTICIPATED THIS ACADEMIC <u>YEAR</u>
STUDENT'S EXPENSES		
TUITION AND FEES	_____	_____
BOOKS/SUPPLIES/EQUIPMENT	_____	_____
LIVING EXPENSES (including rent/mortgage)	_____	_____
TRANSPORTATION	_____	_____
HEALTH RELATED EXPENSES	_____	_____
MISCELLANEOUS	_____	_____
TOTAL	_____	_____

STUDENT'S INCOME		
AID FROM STUDENT'S PARENTS		
STUDENT'S WAGES AFTER TAXES	_____	_____
SPOUSE'S WAGES AFTER TAXES	_____	_____
OTHER INCOME	_____	_____
GRANTS/SCHOLARSHIPS	_____	_____
LOANS	_____	_____
TOTAL	_____	_____

STUDENT'S ASSETS AND INDEBTEDNESS
ALL BANK ACCOUNT BALANCES _____

OTHER INVESTMENTS/ASSETS _____

TOTAL STUDENT LOAN INDEBTEDNESS _____
(include undergraduate and current year loans)

OTHER INDEBTEDNESS (please explain) _____

DURING THE LAST TWO YEARS DID THE PARENTS CLAIM THE STUDENT AS A
DEPENDENT? YES NO (*circle one*)

WILL THE STUDENT BE A DEPENDENT THIS YEAR? YES NO (*circle one*)

MOTHER'S NAME _____

MOTHER'S ADDRESS _____

FATHER'S NAME _____

FATHER'S ADDRESS _____