

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 can range up 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 _____

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**Established in 1971 by the New Jersey Society of Optometric Physicians
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