

# A.H. BASMAN, O.D. SCHOLARSHIP 2019/20 APPLICATION FORM

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Name:

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DATE OF BIRTH

Mailing Address:

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EMAIL

\_\_\_\_\_

PHONE

Home Address:

(IF DIFFERENT FROM ABOVE)

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\_\_\_\_\_

PHONE

School of Optometry enrolled in:

\_\_\_\_\_

1st Year

2nd Year

3rd Year

4th Year

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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 preaccredited 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%.

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

*2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> 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. Extra-Curricular, Community and Volunteer Participation**

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.*

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**3. Declaration**

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 13<sup>TH</sup>, 2019**