



(12) Do you have, or have you had any illness or physical disability that might in any way interfere with your education and responsibilities as an orthoptic student? \_\_\_\_\_

(13) ARE YOU A RELATIVE OR EMPLOYEE OF ANY OF THE FOLLOWING?

The Program or Medical Director of the Orthoptic School? YES\_\_\_ NO\_\_\_

Member of the Costenbader Society? YES\_\_\_ NO\_\_\_

Member of the Orthoptic Student Loan Advisory Committee? YES\_\_\_ NO\_\_\_

(14) NEAREST RELATIVE (OTHER THAN SPOUSE):

NAME RELATIONSHIP

ADDRESS

CITY, STATE, ZIP CODE

PHONE

(15) List education chronologically from high school to present:

FROM TO NAME OF SCHOOL LOCATION DEGREE

Four horizontal lines for entering education history.

(16) List employment history, most recent employer first.

FROM TO EMPLOYER ADDRESS

Four horizontal lines for entering employment history.

**Section II. Financial Data**

(1) ESTIMATED INCOME AND RESOURCES PER YEAR:

From employment (include stipend from Program, if any): \_\_\_\_\_

From family/spouse: \_\_\_\_\_

From savings or investments: \_\_\_\_\_

From other scholarships or loans: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL PREDICTED INCOME FOR 2006 ACADEMIC YEAR: \$ \_\_\_\_\_**

(2) ESTIMATED EXPENSES PER MONTH:

Estimated monthly living expenses:  
(rent, utilities, food, transportation) \_\_\_\_\_

Total of other monthly expenses or payments:  
(credit cards, child care, medical expenses) \_\_\_\_\_

Total of student loan payments \_\_\_\_\_

**TOTAL ESTIMATED MONTHLY EXPENSES: \$ \_\_\_\_\_**

(3) ESTIMATED EXPENSES FOR ORTHOPTIC EDUCATION

Program Tuition (per year): \_\_\_\_\_

Books and supplies: \_\_\_\_\_

Other (list or describe, and attach to this application): \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

(4) Have you previously received any state or federal grants for undergraduate or graduate studies? If so, please list the type and amount of the grant(s). \_\_\_\_\_

\_\_\_\_\_

(5) Do you have any unusual circumstances or hardship affecting your ability to finance your education that you feel the Committee should know in order to make a decision regarding your application?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(6) Are there any unusual circumstances that would affect your ability to repay the loan upon graduation?

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*Candidates may be asked to provide proof of financial data. This may include receipts for monthly loan payments showing current balance, rent/mortgage, or other monthly expenses, a credit report, as well as a W-2 or Revenue form (if from Canada). Do not include this information unless requested by the Committee.*

**Section III. Merit**

(1) PERSONAL STATEMENT

In 200 words or less (typewritten, double-spaced), please describe your professional goals and aspirations, and why you chose the profession of Orthoptics. Enclose your composition with this application.

(2) REFERENCES

Three letters of recommendation are required. List below the names of your references and ask them to write *directly* to the Chair of the Advisory Committee (see below).

- 1. \_\_\_\_\_  
NAME ADDRESS
- 2. \_\_\_\_\_  
NAME ADDRESS
- 3. \_\_\_\_\_  
NAME ADDRESS

(3) LETTER OF ACCEPTANCE TO THE ORTHOPTIC PROGRAM

Attach a copy of your letter of acceptance to this application.

(4) LETTER OF REFERENCE FROM THE ORTHOPTIC PROGRAM DIRECTOR

Attach a copy of this letter to the application.

(5) TRANSCRIPTS

Please enclose an official copy of your college transcripts.

- (6) List any memberships in societies, professional organizations, or others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (7) Do you have any hobbies, special skills, or extracurricular activities that you enjoy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (8) Please list any other achievements or awards. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that all of the above information is true and correct to the best of my knowledge.*

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Check to see that all questions have been answered. Mail, Fax, or e-mail the completed application and enclosures to: Cynthia Avilla, C.O.  
Chair, Parks Orthoptic Student Loan Advisory Committee  
5614 Effingham Drive  
Houston, TX 77035  
[cavalla@houstoneye.com](mailto:cavalla@houstoneye.com); [cwavilla@msn.com](mailto:cwavilla@msn.com)  
(713) 668-2378 fax