

LASERTOMA INTERNATIONAL
APPLICATION FOR ROSE RUNZLER SCHOLARSHIP

(To be completed in English by applicant)

1. PERSONAL INFORMATION

Name of applicant _____ EMAIL _____

Address _____ City/State/Zip: _____

Date of Birth _____ Home Phone _____

Type and Degree of Visual Impairment: _____

2. EDUCATIONAL BACKGROUND

College attended and date: _____

Degree(s) received _____ Major field: _____

3. EDUCATIONAL PLANS FOR THE FUTURE:

Name of Graduate School or Department _____

Address of Institution _____

Advance degree sought _____

Area of Specialized Study _____

Program of Courses: _____

4: PROFESSIONAL GOAL:

LASERTOMA INTERNATIONAL

5. PROGRAM OF WORK:

6. PERTINENT FACTS CONCERNING YOUR SPECIAL NEED FOR SCHOLARSHIP IN CONJUNCTION WITH YOUR PROGRAM OF WORK:

PLEASE ENCLOSE OFFICIAL TRANSCRIPT OF GRADES, CLUB ENDORSEMENT, AND LASERTOMA INTERNATIONAL FINANCIAL STATEMENT (C6).

DATE _____ SIGNATURE OF APPLICANT _____

APPLICATIONS WILL NOT BE RETURNED TO APPLICANT. CHECKS WILL BE DISTRIBUTED TO THE SPONSORING LASERTOMA CLUB AT INTERNATIONAL CONVENTION, BUT MAY NOT BE RELEASED TO THE STUDENT UNTIL THE CLUB HAS VERIFIED STUDENT ENROLLMENT IN AN ACCREDITED INSTITUTION OF HIGHER LEARNING.

