

# *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.

***In celebration of the year 2020***, we will be awarding \$10,000 in scholarships for the 2019/2020 school year. Dollar amounts and number of scholarships awarded will be determined based on the applications received. The scholarship for our top 2020 selection will be up to \$7,500. Applications are available under the student section at [www.njsop.org](http://www.njsop.org) and are due January 15, 2020.

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 (1<sup>st</sup> year students are required to submit current year grades)

**COMPLETE APPLICATIONS MUST BE RECEIVED BY JANUARY 15<sup>th</sup>**

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 \_\_\_\_\_

**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**

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**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 1<sup>ST</sup> 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>
<b>STUDENT'S EXPENSES</b>		
TUITION AND FEES	_____	_____
BOOKS/SUPPLIES/EQUIPMENT	_____	_____
LIVING EXPENSES (including rent/mortgage)	_____	_____
TRANSPORTATION	_____	_____
HEALTH RELATED EXPENSES	_____	_____
MISCELLANEOUS	_____	_____
<b>TOTAL</b>	_____	_____

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

**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 \_\_\_\_\_