

## Application for 2019 KATPO Continuing Education Scholarship

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Level of Certification     \_\_\_\_\_ COA     \_\_\_\_\_ COT     \_\_\_\_\_ COMT     \_\_\_\_\_ Not Certified

Employment

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Position \_\_\_\_\_  
Years in Ophthalmology \_\_\_\_\_ Supervisor \_\_\_\_\_

### Guidelines and Conditions for Scholarship

#### Criteria for Eligibility:

- Applicant must be a member of KATPO at the time of the 2019 meeting. You can download a membership application from the website: [www.katpo/membership-form.html](http://www.katpo/membership-form.html). You can submit your membership application and dues concurrently with the scholarship application.
- Applicant must submit an original essay titled: “**What Qualities Make a Great Technician?**” The essay must be 300 words, typewritten and double-spaced on a separate piece of paper.
- **All applications must be submitted with a completed registration form and payment for the course.**
- Applications must be signed and must include all required information requested on the application.
- Applicants may be awarded only one scholarship in a three-year period.
- **All applications must be postmarked by February 21st, 2019.**

#### Selection of Recipients:

- The scholarship covers registration for the 2019 KATPO Tech Bowl and Continuing Education Program to be held on March 15<sup>th</sup> & 16<sup>th</sup>, 2019. The scholarship is non-transferable. Regrettably, the scholarship is void if the applicant is unable to attend the 2019 program.
- There are two scholarships available. A committee appointed by the KATPO Board of Directors will conduct selection of the two (2) recipients. Their decision is final.
- All applicants will be informed of the status of their application.
- Winners will be recognized at the Member Meeting and will be given a check equal to their registration fee.

I attest that all information provided in this application is true and accurate to the best of my knowledge. I agree to the guidelines and conditions of the scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

Please mail this signed application and the essay, typed on a separate piece of paper, to:  
KATPO c/o Karen Susco, 3745 Crosby Dr., Lexington, KY 40517. You may also email the documents as an attachment to: [treasurer@katpo.org](mailto:treasurer@katpo.org). If you have any questions, please contact Karen Susco by email at [treasurer@katpo.org](mailto:treasurer@katpo.org).

[www.KATPO.org](http://www.KATPO.org)