

# A.H. BASMAN, O.D. SCHOLARSHIP 2023/24 APPLICATION FORM

Name:

\_\_\_\_\_

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

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 pre-accredited 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 09<sup>TH</sup>, 2023**