

A.H. BASMAN, O.D. SCHOLARSHIP 2025/26 APPLICATION FORM

Name:

DATE OF BIRTH

Mailing Address:

EMAIL

PHONE

Home Address:

(IF DIFFERENT FROM ABOVE)

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%.

1st Year Students: Attach transcript of your marks (**sealed in an envelope from your institution**) for your entire pre-optometry course of studies.

2nd, 3rd, 4th 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.

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 5TH, 2025