



Koch Kellan Scholarship Application

Disclaimer and Signature

I, _____, have read and understand the conditions of the Koch Kellan Scholarship explained in the current **Koch Kellan Scholarship Guidelines**. I affirm that I plan to pursue a career in ophthalmology as defined in that document. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the Koch Kellan Scholarship. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. If selected as a Koch Kellan Scholar, I agree to attend the 2016 American Society of Cataract and Refractive Surgery Annual Meeting. I affirm that this entire application, including the essay, is my own work. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

Applicant Information

Legal name in full:
(Print/Type) _____
Last Name First Name M.I.

Permanent residence: _____
Street Address Apartment/Unit #

City State ZIP Code

Home telephone: () _____ Other telephone: () _____

Email address: _____

Date of birth: _____
(MM/DD/YYYY)



Applicant Name _____

Education

University address: _____
(if different) *Street Address* *Apartment/Unit #*

City (if studying abroad, add country) *State* *ZIP Code*

Major: _____

Current cumulative GPA: _____ on a scale of: _____

Undergraduate degree: _____

Number of college credits earned to date: _____ Total number of credits required for graduation: _____

Expected date to receive Doctoral degree: _____
(MM/DD/YYYY)

Degree you will receive: _____

Degree(s) sought: _____

Concentration(s): _____



Applicant Name _____

Background

1. List the secondary school from which you graduated, and all higher education institutions attended. Include summer, study abroad, exchange programs and your nominating institution (up to six).

School	Location	Dates Attended
1.		
2.		
3.		
4.		
5.		
6.		

2. List University activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. You will have space for eight activities.

University activity	Dates	Office(s) held
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



Applicant Name _____

3. List public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance. You will have space to list six.

Activity	Role	Dates	# weeks active
1.			
2.			
3.			
4.			
5.			
6.			

4. List government activities (internships with government agencies, partisan political activities, ROTC/military, municipal boards and commissions).

Activity	Role	Dates	# weeks active
1.			
2.			
3.			
4.			
5.			
6.			



Applicant Name _____

5. List part-time and full-time jobs and nongovernment internships. Attach additional pages as necessary.

Type of work	Employer	Dates	Average # hours / week
1.			
2.			
3.			
4.			
5.			
6.			
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6. List awards, scholarships, publications or special recognitions you have received. List in descending order of significance. Attach additional pages as necessary.

1.	
2.	
3.	
4.	
5.	
6.	
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Applicant Name _____

7. What are the three most significant courses you have taken in preparation for your career?

Application Materials

All application materials must be received or postmarked by Feb. 1. All requested materials must be present at time of review or application will not be accepted.

1. Submission of application and official transcript(s).
2. Two (2) Reference Letters from an academic advisor or professor from a previously attended institution. Letters must be written or typed on academic letterhead and mailed directly.
3. A letter, on school letterhead, from a School of Medicine verifying full-time enrollment and status as a second year or higher medical student.
4. A letter of application (not to exceed 750 words) to the Scholarship Review Committee focusing on the following topics:
 - Why you are pursuing graduate study in ophthalmology.
 - Description of your study plans.
 - Your intended goals after completing the program.
 - Overview of academic interests and activities (coursework, interdisciplinary or independent study) you have pursued as a foundation for your career goals.

Priority Consideration: Priority will be given to those with full-time status in their second or third year.

Please submit all application materials to:

Paragon BioTeck, Inc.
Attn: Scholarship Review Committee
4640 SW Macadam Ave., Suite 80
Portland, OR 97239

PRINT

SAVE

