

The Restoration of Sight & Health Scholarship
Application Questions

## Demographic

- Name
- Mailing Address
- Email Address & Telephone Number

## **Educational (For Undergraduate Students only)**

- High School Attended
- High School GPA
- High School Awards, Honors, Activities, and Community Involvement
- Undergraduate School Attending
- Undergraduate Major or Course of Study
- Undergraduate GPA (if a current undergraduate student)
- Undergraduate Awards, Honors, Activities, and Community Involvement (if a current undergraduate student)

# **Educational (For Graduate Students only)**

- Graduate School Attending
- Graduate Major or Course of Study
- Graduate GPA (if a current graduate student)
- Graduate Awards, Honors, Activities, and Community Involvement (if a current graduate student)

#### **Financial Need**

Sources of education funding (% only – self, family, scholarships, grants, others)

#### **Personal Statement**

- In your own words, how do your educational goals and accomplishments fit with our Mission of *Helping to Enable the Restoration of the Gifts of Sight & Health*?
- Please limit to 500 words