2026 Scholarship Application

A $5,000 scholarship will be awarded to a student enrolled in an accredited school of optometry. **Completed application and letter of recommendation or essay must be return to the SCOPA Office no later than May 30th in order to be considered.**

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: (_____) _____ E-mail address:_____

Date of Birth: _____ SSN: _____

Are you related to a SCOPA member? ❑ Yes ❑ No
If "yes", who is the member: _____

Are you a resident of SC? ❑ Yes ❑ No

Have you received a SC contract seat? ❑ Yes ❑ No

Are you a student member of SCOPA? ❑ Yes ❑ No

EDUCATION INFORMATION:

Name of Optometry School Attending: _____

Current Optometry School Classification

❑ First Year ❑ Second Year ❑ Third Year ❑ Fourth Year

Cumulative GPA: _____ (Transcript must be included).

Goals after graduation:_____

_____

_____

To be eligible, you must complete this application and submit along with either a letter of recommendation or a 500 word essay about optometry. Applicants will be notified once the application is received, please do not contact the SCOPA office. Previous scholarship recipients are ineligible. The SCOPA Board of Directors will conduct a blind vote to select the scholarship recipient at the June board meeting. Recipient will be notified immediately following.

I hereby certify that the information I have submitted is correct. To the best of my knowledge and belief, there is no reason that would prevent my being eligible to receive the above named scholarship. The SCOPA Board of Directors, the Universities I have attended, and their faculty and staff have my permission to share my information and documents for purposes of verifying my eligibility for this scholarship. I understand that in order to receive this scholarship I must be enrolled in an accredited U.S. School of Optometry and continue to meet all scholarship guidelines.

I have read and accepted the above statement and understand that incomplete applications will not be considered.

_____ _____

Signature Date

APPLICATIONS MUST BE POSTMARED BY MAY 30TH TO BE CONSIDERED FOR 2026.
Please return completed application to SCOPA - Scholarship Application:
South Carolina Optometric Physicians Association ▪ 2730 Devine Street, Columbia, SC 29205
Phone: 803-799-6721 ▪ **Fax:** 803-799-1064 ▪ www.sceyedoctors.com