



# Empowering Equity Scholarship Application

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

School or College of Optometry \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

Current GPA \_\_\_\_\_ Black Eyecare Perspective Pre-Optometry Club (BEPPOC) Member:  Active  Alumni

## SCHOLARSHIP INFORMATION

List any leadership activities you have been involved in within the last five years (ex: roles, experience, and/or qualities) and the number of years involved in each activity.

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List any community involvement activities you have been involved in within the last five years.

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Briefly describe any optometric or optical industry experience.

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I certify that the information on this application is true and correct to the best of my knowledge.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send this application and your video file/link to [education@vspglobal.com](mailto:education@vspglobal.com).**