



**Kansas Optometry Service Scholarship Information
For
Academic Year 2025-2026**

The State of Kansas has an agreement with three Schools of Optometry for Kansas students to receive the Kansas Optometry Service Scholarship:

(1) Kansas participates in a reciprocal agreement with the State of Missouri by which 12 Kansas residents, including three first-time entering students, may enroll in the Missouri School of Optometry, **University of Missouri - St. Louis** and pay resident fees;

(2) the Kansas contract with the **Southern College of Optometry, Memphis, Tennessee**, 12 seats including three first-time entering students; or

(3) the School of Optometry at **Northeastern State University, Tahlequah, Oklahoma**, 8 seats including two first-time entering students.

Available Optometry seats are also dependent upon funding. At Southern College of Optometry, Memphis, TN, and School of Optometry at Northeastern State University, Tahlequah, OK, the contract provides a reduced tuition amount for selected Kansas residents.

Participants fulfill their obligation to the State of Kansas by providing one year of service as an optometrist anywhere in Kansas for each year of scholarship. If the service is not provided then the scholarship is converted to a loan of the principal plus an interest rate which is equivalent to the interest rate applicable to loans made under the federal PLUS program at the time such person first entered into an agreement plus five percentage points. The interest rate for 2024-25 is 14.08%. This rate will change on July 1, 2025. Specify which school(s) you are applying to for the scholarship. Selection is based on academic considerations and Kansas residency. **Funding for all scholarships is dependent upon available funding.**

Students renewing their scholarship get first consideration for available money. New scholarships are awarded if money is available.

Each school selects the students who may participate in the program. The Board of Regents must have a scholarship application on file before the scholarship is offered to the selected students. Scholarships are awarded if money is available. Schools also identify alternate students. You must let the school know that you are applying for the Kansas scholarship. The point of contact is identified below.

University of Missouri, St Louis, School of Optometry, Erin Schaeffer, Sr Educational Program Coordinator, One University Blvd, St Louis, MO 63121-4499, 314.516.5615;

Southern College of Optometry, Mike Robertson, Asst Dean of Students, 1245 Madison Ave, Memphis, TN 38104-2222, 901.722.3200;

Northeastern State University, College of Optometry, Mindy Latty, Director of Optometric Student Affairs, 1001 N Grand Ave, Tahlequah, OK 74464-7017, 918.444.4006.

For more information, please call 785-430-4255, send e-mail to loldhamburns@ksbor.org, fax to 785-430-4233, or write to:

Kansas Board of Regents
Kansas Optometry Service Scholarship
1000 SW Jackson St Ste 520
Topeka KS 66612-1368

APPLICATION DEADLINE: May 1, 2025

2025-2026 Kansas Optometry Service Scholarship Application



★ LEADING HIGHER EDUCATION ★

U of Missouri/St Louis _____
Southern College/Memphis _____
Northeastern State/Tahlequah _____

RETURN TO: Kansas Board of Regents
Optometry Service Scholarship
1000 SW Jackson St, Suite 520

(Indicate which schools you applied to)

Topeka, KS 66612-1368

Academic Year:2025-2026

loldhamburns@ksbor.org

DEADLINE: May 1, 2025

Fax: 785.430.4233

FOR CONSIDERATION OF RESIDENCY ELIGIBILITY UNDER AGREEMENT WITH
KANSAS BOARD OF REGENTS

**PROVIDING OPTOMETRIC EDUCATIONAL OPPORTUNITIES
FOR CITIZENS OF THE STATE OF KANSAS**

Name _____
Last First MI

Present Address: _____ Phone: (____) _____
Street Address Apt. #

City State Zip Length of time in Kansas:
_____/_____
Years / Months

Email Address: _____

Drivers License No. _____ Issuing State: _____

Date Obtained: _____

Place of Birth: _____
City State

Parent's Name: _____ Phone: (____) _____
(or Guardian)

Address: _____
Street Address City State Zip

Length of time parents have resided at this address: ____ Years ____ Months.

Have you lived continuously in Kansas since birth? Yes _____ No _____

If "No", indicate the month and year you began living continuously in Kansas: _____
Month / Year

High School Attended: _____

_____ City State

Date Graduated: _____
Month / Year

College(s) Attended: _____

_____ City State

Date Graduated: _____
Month / Year

Other Colleges Attended: _____

_____ City State

Date Graduated: _____
Month / Year

List places of residence in addition to those listed on the reverse side and provide an explanation for any time not covered by school attendance, including summers.

Have you ever enrolled as a resident student in any institution outside of Kansas? Yes _____ No __ (If yes, give name and location of institution and dates attended.)

I hereby attest that I am a bona fide resident of the State of Kansas and agree that if I am selected as a scholarship and loan recipient for the study of optometry, I will engage in full-time optometric practice in Kansas within six months of completion of my degree. I further agree to a full investigation of my eligibility, including inquiries of business and professional persons and a release of my academic and financial records if necessary in support of this application. I certify that to the best of my knowledge the information contained in this application is correct. I understand that false or incorrect information may subject the application to be eliminated from consideration for the scholarship.

Signature _____ Date _____