



**ORTHOPTIC FELLOWSHIP**  
**STUDENT APPLICATION**

Date \_\_\_\_\_

Type or print legibly.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_.

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_.

**EDUCATION:** list education from high school to the present:

FROM	TO	NAME OF SCHOOL	LOCATION	DEGREE
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List any memberships to professional organizations, clubs, or societies:

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List any leadership position, awards, grants, scholarships:

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What hobbies do you enjoy:

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**Three letters of recommendation are required.**

Reference 1

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION \_\_\_\_\_

PHONE \_\_\_\_\_

Reference 2

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION \_\_\_\_\_

PHONE \_\_\_\_\_

Reference 3

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION \_\_\_\_\_

PHONE \_\_\_\_\_

Are you currently eligible to work in the USA?

\_\_\_\_\_.

Have you ever been convicted of a misdemeanor or felony? Yes or no

If yes, please explain: \_\_\_\_\_.

**APPLICANT CHECKLIST:**

- Application form
- Legible copy of bachelor's degree certificate
- Brief personal statement (less than 300 words) of why orthoptics appeals to you. Handwritten, on separate sheet of paper.
- Three letters of recommendation

Please send all application materials to [cxt561@med.miami.edu](mailto:cxt561@med.miami.edu)

I certify that all information provided is complete and accurate to the best of my knowledge.

Applicant Signature:

Date: \_\_\_\_\_

**DEADLINE: May 1<sup>st</sup> FOR ALL MATERIAL FOR YEAR BEING CONSIDERED  
Entire form must be completed for consideration.**