



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
------	----	----------------	----------	--------

List any memberships to professional organizations, clubs, or societies:

List any leadership position, awards, grants, scholarships:

What hobbies do you enjoy:

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 jxr4658@med.miami.edu

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

Applicant Signature:

Date: _____

DEADLINE: May 1st FOR ALL MATERIAL FOR YEAR BEING CONSIDERED
Entire form must be completed for consideration.