

COMMONWEALTH OF VIRGINIA

SCHEV  
James Monroe Building  
101 North Fourteenth Street  
Richmond, Virginia 23219



State Council of  
Higher Education for Virginia  
*Advancing Virginia through Higher Education*

Phone: (804) 225-2600  
Fax: (804) 225-2604  
TDD: (804) 371-8017  
Web: www.schev.edu

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APPLICATION FOR PARTICIPATION IN THE OPTOMETRY GRANT LOAN PROGRAM

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**SECTION A: APPLICANT INFORMATION**

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\* Please print all responses in black or blue ink.

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Gender:  Male  Female

E-mail: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

*Street City State Zip Code*

Institution: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Requesting certification starting: \_\_\_Fall \_\_\_Spring \_\_\_Summer 20\_\_\_

Are you a U.S. citizen, U.S. national, or permanent resident? \_\_\_Yes \_\_\_No

*(If "No," attach a copy of your INS documentation, indicating your classification and expiration date to this application)*

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**SECTION B: DOMICILE INFORMATION**

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**CHECK APPROPRIATE BOX:**

**A  DEPENDENT STUDENT** – PARENTS / LEGAL GUARDIAN / SPOUSE PROVIDES 50% OR MORE OF FINANCIAL SUPPORT AND / OR CLAIM AS A TAX DEPENDENT

*Domicile is determined by supporting documentation of parents, legal guardian, or spouse – also complete box below. **This individual must also sign this application.***

**B  INDEPENDENT STUDENT**

*Domicile is determined by supporting documentation of applicant.*

If **dependent**, list parents'/legal guardian's/spouse's name and address for the last two years. List current address first, including dates.

If **independent**, include this information for yourself.

Name

\_\_\_\_\_

Street Address	City	State	Zip Code	From (mm/dd/yy)	To (mm/dd/yy)
_____				___/___/___	Current
_____				___/___/___	___/___/___
_____				___/___/___	___/___/___

When did you move to Virginia and WHY? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### SECTION C: ARMED FORCES

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#### ANSWER BOTH QUESTION A AND B

- A. Are you a member of the U.S. Armed Forces?**  Yes  No
- If "Yes," have income taxes been paid to Virginia on all military income for the last year?  
 Yes  No
- If "No," have income taxes been paid to another state?  Yes  No
- Does the current Leave/Earnings Statement reflect Virginia withholding?  
 Yes  No
- B. Is your parent/legal guardian/spouse a member of the U.S. Armed Forces?**  Yes  No
- If "Yes," have income taxes been paid to Virginia on all military income for the last year?  
 Yes  No
- If "No," have income taxes been paid to another state?  Yes  No
- Does the current Leave/Earnings Statement reflect Virginia withholding?  
 Yes  No

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### SECTION D: SUPPORTING DOCUMENTATION

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The following documentation must accompany this application:

- a) A copy of your acceptance letter into institution stating your major/degree program. There can be no conditions, probations, or provisions associated with your admissions status. Only students who have been **unconditionally** accepted are eligible for participation.
- b) **Three** current documents that show a Virginia address. As the applicant, if you have indicated on the previous page that you are a dependent of your parents/legal guardian/spouse, then the supporting documentation should be submitted on behalf of that individual. If you indicated that you are an independent student, then supporting documentation showing a Virginia domicile, should have your name on it. These documents are as follows:
  - 1) A photocopy of a Virginia driver's license or identification card (required)
  - 2) Most recent federal **or** state tax form (required)
  - 3) A photocopy of either a vehicle registration or utility bill

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**SECTION E: SIGNATURE(S)**

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I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the State Council of Higher Education for Virginia and the college or university with additional supporting documentation related to my application, if I am requested to do so.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian or Spouse*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

\_\_\_\_\_  
*Notary Public (please be sure to affix seal to this document)*

**SUBSCRIBED AND SWORN TO ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.**

**My commission expires \_\_\_\_\_.**

Please return this completed application and supporting documentation to:

**State Council of Higher Education for Virginia  
Optometry Scholarship Program  
101 North Fourteenth Street, Monroe Bldg, 10<sup>th</sup> Floor  
Richmond, Virginia 23219  
Telephone: (804) 225-2632  
Email: [ElizabethWaddy@schev.edu](mailto:ElizabethWaddy@schev.edu)**

*Faxed copies of this application will not be accepted.*

**Commonwealth of Virginia**  
**State Council of Higher Education for Virginia**  
**Virginia Optometry Grant Loan Promissory Note**

Award Year

Full Name (First, Middle, Last)	Social Security Number	Telephone Number	
Street Address	City	State	Zip
Contact Person (First, Middle, Last)	Relationship (Spouse, Parent, Etc.)	Telephone Number	
Street Address	City	State	Zip

I promise to repay, in accordance with the terms of this note, the Commonwealth of Virginia through the State Council of Higher Education for Virginia, hereinafter called the SCHEV, the sum of **\$5,000** advanced to me as an Optometry Scholarship, plus the interest which accrues thereon.

The terms and conditions of this note shall be construed consistent with the requirements of the Virginia Optometry Scholarship.

1. I am a domiciliary resident of the Commonwealth of Virginia as described in Section 23-7.4 of the *Code of Virginia* (1950), as amended, and enrolled in an eligible Optometry program.
2. I understand that awards made under this program shall be paid directly to the institution to be applied to my individual student account. Any resulting refunds are subject to federal title IV and institutional policies.
3. I specifically agree to repay the above principal plus simple interest on the unpaid balance at five percent (5%) per annum from the date that SCHEV advances the loan funds, with the first payment due to SCHEV, or its designee, no later than the first day of the seventh month following successful completion of an eligible Optometry program. The minimum monthly payment shall be one hundred dollars (\$100) or a higher amount consistent to repay the principal and accrued interest within a term of five years. Should I fail to make any payment by the third calendar day following the payment due date, SCHEV or its counsel may immediately accelerate the maturity of the installments thereafter to become due, in which event the unpaid balance of this note shall become immediately due and payable without demand or notice.
4. If I successfully complete an eligible Optometry program, I may repay this note, plus any accrued interest, by working full-time in Virginia for two years as an Optometry professional.
5. If I discontinue enrollment in an eligible Optometry program, this note shall immediately become due and payable to SCHEV, or its designee.
6. If I fail to work continuously as an Optometry professional after successfully completing an eligible Optometry program for double the number of years that I was a beneficiary of such scholarship, or portion thereof, this note shall immediately become due and payable to SCHEV, or its designee. I shall repay the amount of the scholarship(s) received prorated according to the fraction of the work obligation not completed, as determined by SCHEV, plus any accrued interest.
7. I understand that administration of my repayment may be designated by SCHEV to a qualified third-party.
8. I understand that repayment of the uncanceled note may be postponed under the conditions listed below and that all postponements must be requested in writing.
  - If I am participating in a post graduation residency in Optometry. The postponement shall last for duration of the required time of residence plus six months. A copy of supporting documentation along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such residency.
  - If I enter military, VISTA, or Peace Corps service after successful completion of an eligible Optometry program, repayment of the uncanceled note will be postponed until I have completed my original tour of duty for a period not to exceed three years. A copy of orders to report for such service along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such service.
  - If I have successfully completed an eligible Optometry program and accompany my spouse on the original tour of duty in military, VISTA, or Peace Corps service, the repayment of uncanceled notes shall be postponed for a period not to exceed three years. A copy of the orders must be submitted along with the request for postponement to SCHEV. Such postponement, however, is not applicable if the recipient maintains residence in Virginia during the service of the spouse. A copy of spouse orders to report for such service along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such service.

- A one-year postponement for repayment of this promissory note will be allowed for inability to secure employment by reason of the care required by a disabled child, spouse, or parent. Written postponement requests along with medical certification must be sent SCHEV.
  - A one-year postponement for repayment of this promissory note will be allowed for inability to satisfy the terms of the repayment while seeking and unable to find full-time employment as an Optometry professional for a single period not to exceed 27 months. Written postponement requests along with supporting documentation must be sent to SCHEV.
  - If I experience health conditions that may impede my ability to perform requisite service in Optometry, I may petition SCHEV to grant me forbearance for a period not to exceed three years. Written forbearance requests along with medical certification must be sent to SCHEV.
9. If it becomes necessary to place a note in the hands of an agency or attorney for collection, I agree to pay a charge for the attorney or collection agency fees, in addition to the amount due on the note at the time of collection. Such charge for court costs and attorneys fees shall be twenty-five percent (25%) of the original amount of this note. In further consideration of SCHEV's forbearance in instituting or continuing suit, I expressly waive any statute of limitations which could be pled by me as a defense to the above collection claim by SCHEV and agree that the venue of any lawsuit brought against me shall be in the City of Richmond, Virginia. I hereby intend to legally bind myself and my heirs, executors, administrators, and assigns.
10. I am responsible for keeping SCHEV, or its designee, informed of my status including any change of address, graduation date, enrollment in another college, military service, and the location of the Optometry practice until the total obligation is satisfied.
11. I waive presentment, demand, protest and notices of honor and protest and the benefit of homestead exemption and all other exemptions which legally may be waived with regard to the obligation evidenced by this note.
12. All references herein to SCHEV shall include any subsequent holder or assignee of this note. Virginia law shall govern this note.

**I will not sign this note before reading all pages, including any writing on the reverse side, even if otherwise advised. I will not sign this note if it contains any blank space. I am entitled to an exact copy of this note and any agreement I sign in furtherance of same. By signing this note, I acknowledge that it contains no blank space and that I have received an exact copy hereof. I have the right at any time to pay in advance the unpaid balance due under this note without penalty. I authorize SCHEV to contact and receive information from any entity it deems necessary for purposes of locating me, if I fail to keep in contact. These entities include, but are not limited to, the college's Alumni Association, the Department of Motor Vehicles and other state agencies, family members, and current and previous employers.**

Applicant Signature	Date Signed
	SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____. WITNESS MY HAND AND OFFICIAL SEAL.
	Notary Public: _____ Expiration Date: _____

If the student is under 18 years of age, this promissory note also must be signed by the student's parent or legal guardian.

Full Name (First, Middle, Last)	Social Security Number	Telephone Number
Street Address	City	State      Zip

Parent / Legal Guardian's Signature	Date Signed
	SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____. WITNESS MY HAND AND OFFICIAL SEAL.
	Notary Public: _____ Expiration Date: _____

Name of Authorized State Official	Title
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Authorized Official's Signature	Date Signed
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Mail completed promissory note to:

**State Council of Higher Education for Virginia  
 Financial Aid Office – Optometry Scholarship  
 101 N. Fourteenth Street, James Monroe Building 10<sup>th</sup> Floor  
 Richmond, Virginia 23219**