



# Helen Allison St. Clair Scholarship Application Mississippi Vision Foundation

*All information submitted is confidential and for  
the use of the selection committee only.*

PRINT ALL INFORMATION LEGIBLY

Today's Date \_\_\_\_\_ School of Optometry Attending \_\_\_\_\_

Full name \_\_\_\_\_

(Please include maiden name if applicable)

Present address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Permanent address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

List undergraduate school attended and degree(s) received.

\_\_\_\_\_

List specific areas of Mississippi in which you are interested in practicing.

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

Are you a member of the AOSA? \_\_\_\_\_

Have references send letters of recommendation directly to the Vision Foundation. References should include an educator, a school administrator, and/or an optometry mentor. None of the references may be a relative.

Attach a short (300 words or less) explanation of “Why I Have Chosen Optometry as a Profession”

Attach a short (100 words or less) statement on “How A Scholarship Will Benefit Me.”

Please mail all documents to the address below and *have an official transcript mailed from your school of optometry* to:

Mississippi Vision Foundation  
ATTN: Helen St. Clair Scholarship  
141 Executive Drive, Suite 5  
Madison, MS 39110

By signing this application, I am verifying that I am entering the third year of optometry school in the coming fall and that my responses to the items above are accurate and truthful. I am also agreeing that I intend to return to Mississippi to practice optometry and that I am entering a contract to repay any award amount from the Mississippi Vision Foundation should I not return to the State of Mississippi for the practice of optometry within three (3) years of graduation and/or completion of residency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

CHECKLIST FOR APPLYING for 2026 Scholarship:

- Complete Application Form
- Write “Why I have Chosen Optometry as a Profession” (300 words or less)
- Write “How A Scholarship Will Benefit Me.” (100 words or less)
- Have School of Optometry submit official transcript
- Have 3 letters of recommendation mailed directly from the references to the Foundation

**All materials due to the Foundation NO LATER THAN MAY 8, 2026**

**If mailing, notify the MVF by emailing  
Ashley@msvisionfoundation.org or calling 601-572-0845.**