



MEMORANDUM

SUBJ: **The Dr. Seymour Galina Grant for 2010 - \$2,500 Award**

TO: Student Affairs Officers/Scholarship Chairs, Financial Aid Directors

CC: Presidents and Deans, AOA Faculty Relations Committee Representative, AOSA Trustees

FROM: Sara Breed, Foundation Coordinator, Optometry's Charity™ – The AOA Foundation

Optometry's Charity™ – The AOA Foundation is pleased to offer the \$2,500 Galina Grant program to one third-year student (Class of 2011). Each accredited school or college of optometry is invited to submit **one** nominee. The \$2,500 grant will be presented to one optometry student who has successfully completed the following criteria and whose paper is judged to be the best essay submitted to Optometry's Charity™, in accordance with the criteria listed below.

Application Requirements

The student must:

- Be a third-year student member (Class of 2011) in good standing in the American Optometric Student Association and the American Optometric Association;
- Be a student in good academic standing;
- Submit a paper, written in English, not to exceed 1,500 words on the following topic:

Qualities I have developed through my financial planning/work experience during and/or before optometry school, that I believe will be most useful to me in a professional optometric practice.

As in the past, each school should judge the submitted papers and select **one** nominee based on the above criteria. Each school should set an appropriate on-campus deadline so that you have ample opportunity to judge, select and submit the essay no later than **February 5, 2010**. Each school must complete the attached Candidate Submission Form and submit it along with the chosen essay and a completed W-9 form by one of the means listed below.

Mail: Optometry's Charity™ – The AOA Foundation
 Attn: Sara Breed
 243 North Lindbergh Blvd.
 St. Louis, MO 63141

E-mail: snbreed@aoa.org
Phone: 800-365-2219 ext 4218
Fax: 314-991-4101

The submissions will be evaluated by the Optometry's Charity™ Endowment Fund Advisory Committee. The selected scholarship candidate will be announced in March 2010. The winner will also be featured in the *AOA News* and *Foresight*. The \$2,500 grant check will be addressed to one grant winner and the recipient's school or college.

Enclosed are two optional template notices that can be posted or e-mailed, outlining The Dr. Seymour Galina Grant. The first option is the GALINA Standard Grant Notice 2010. This is a general notice explaining the grant.

The second option is the GALINA Customizable Grant Notice 2009. This is the same notice, but is customizable for each school. This form will enable each institution to input who the essays should be submitted to as well as the on-campus deadline. All the forms discussed above, can also be found on our Web site, www.optometryscharity.org.



For questions about the grant or its administration, please contact me at 800/365-2219, ext. 4218 or snbreed@aoa.org. I will send a reminder notice with all attachments in January. If this information has reached you in error, please forward to the proper authority at your school or college. Thank you for your support and your help over the years in promoting this grant.

Sara Breed
Foundation Coordinator
Optometry's Charity™ - The AOA Foundation
243 N Lindbergh Blvd., Floor 1
St. Louis, MO 63141
314.983.4218 (Office)
314.991.4101 (Fax)
snbreed@aoa.org
www.optometryscharity.org



2010 Dr. Seymour Galina Grant CANDIDATE SUBMISSION FORM

Once your school's or college's candidate has been selected, please complete this form and send it with the essay to Optometry's Charity™ – The AOA Foundation no later than **February 5, 2010**.

Candidate Submission Information:

Candidate Name: _____

Candidate E-mail Address: _____

School or College of Optometry: _____

Total Number of Applicants: _____ Awards Ceremony Date: _____

PLEASE ENCLOSE/ATTACH 1,500 WORD PAPER

School/College Contact Information:

NAME, TITLE AND E-MAIL ADDRESS OF PERSON COMPLETING THIS FORM:

Name: _____ Title: _____

Address: _____

City/St/Zip: _____

Phone: _____ E-mail: _____

Please forward this form, and the candidate's paper submission to:

Sara Breed, Foundation Coordinator
Optometry's Charity™ – The AOA Foundation
243 N. Lindbergh Blvd., Floor 1
St. Louis, MO 63141
800/365-2219, ext. 4218
FAX: 314/991-4101
snbreed@aoa.org

Thank you for your participation in the 2010 Dr. Seymour Galina Grant. The winner will be announced in March 2010.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|--------------------------------|
| Social security number |
| or |
| Employer identification number |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ATTENTION THIRD-YEAR STUDENTS

\$2,500 STUDENT GRANT

THE 2010 DR. SEYMOUR GALINA GRANT

Administered by the Optometry's Charity™ – The AOA Foundation

A \$2,500 grant established at the bequest of the late Dr. Seymour Galina, longtime AOA member, will be awarded to an optometry student who meets the criteria below and whose paper is judged to be the best essay submitted to Optometry's Charity™.

To be eligible for the Dr. Seymour Galina Grant, a student must:

- ³ Be a third-year student member (class of 2011) in good standing in the American Optometric Student Association (AOSA) and the American Optometric Association (AOA);
- ³ Be a student in good academic standing.
- ³ Submit a paper, written in English, not to exceed 1,500 words on the following topic:

Qualities I have developed through my financial planning/work experience during and/or before optometry school, that I believe will be most useful to me in a professional optometric practice.

Check with the Student Affairs Office to determine your institution's on-campus application deadline. Materials are to be submitted to the designee by the school-established date. Each school and college will choose one candidate from all applications received by their on-campus deadline and forward the individual's name and essay to Optometry's Charity™ – The AOA Foundation in St. Louis by **February 5, 2010**. One overall recipient will be selected from all applications received. The winner will be announced in March 2010.

For additional information about the Dr. Seymour Galina Grant, please contact:

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