



MEMORANDUM

SUBJ: **2010 InfantSEE® Scholarship Grant – Sponsored by Vision West, Inc.**
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

Vision West, Inc. (VWI), a leading national ophthalmic product buying group, and Optometry's Charity™ – The AOA Foundation are pleased to again offer a national scholarship program to promote InfantSEE®. The winner will be awarded \$5,000 and the runner-up will receive \$2,500. Each accredited school or college of optometry is invited to submit **one** nominee for the InfantSEE® grant. This InfantSEE® Scholarship Grant, sponsored by Vision West, Inc., will be awarded to the author of the entry 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 1,000 words on the following topic:

How will you, as a primary health care provider, use your professional skills and patient treatment programs to further the goals of the InfantSEE® program?

Each school is to 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 top 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:	800-365-2218 ext 4218
		Fax:	314-991-4101

The submissions will be evaluated by the Optometry's Charity™ Endowment Fund Advisory Committee. The selected scholarship recipients will be announced in March 2010. The winners will also be featured in the *AOA News* and *Foresight*. Each award check will be addressed to the scholarship grant winner and the recipient's school or college.

Enclosed are two optional template notices that can be posted or e-mailed, outlining the InfantSEE® Scholarship Grant. The first is the InfantSEE Standard Grant Notice 2010. This is a general notice explaining the grant.

The second is the InfantSEE Customizable Grant Notice 2010. This is the same notice, but is customizable for each school. This form will enable each institution to input who the essay 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 scholarship 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 InfantSEE[®] Scholarship 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**.

<u>Candidate Submission Information:</u>	
Candidate Name:	_____
Candidate E-mail Address:	_____
School or College of Optometry:	_____
Total Number of Applicants:	_____ Awards Ceremony Date: _____
PLEASE ENCLOSE/ATTACH 1,000 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 InfantSEE[®] Scholarship Grant, sponsored by Vision West, Inc. The InfantSEE[®] Scholarship Grant winners 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 ▶
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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

\$5,000 STUDENT GRANT & \$2,500 STUDENT GRANT

2010 InfantSEE[®] Scholarship Grant Sponsored by Vision West, Inc.

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

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To be eligible for the InfantSEE[®] Grant, a student must:

- ❖ 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);
- ❖ Be a student in good academic standing.
- ❖ Submit entry to your school's appropriate designee by on-campus deadline;
- ❖ Submit a paper, written in English, not to exceed 1,000 words on the following topic:

How will you, as a primary health care provider, use your professional skills and patient treatment programs to further the goals of the InfantSEE[®] program?

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**. The recipients will be selected from all applications received. The winners will be announced in March 2010.

For additional information about the InfantSEE[®] Scholarship Grant sponsored by Vision West, Inc., please contact:

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How will you, as a primary health care provider, use your professional skills and patient treatment programs to further the goals of the InfantSEE® program?

Materials are to be submitted to _____ by _____.

Each school and college will choose one candidate's essay from all applications received by the 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**. The recipients will be selected from all applications received. The winners will be announced in March 2010.

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