

The KYCO Optometry Admissions Test Grant Application

Please type or print your answers neatly in ink. Application response may be sent via email to mbacigalupi@upike.edu or mailed to Kentucky College of Optometry, OAT Grant Applications; 147 Sycamore Street, Pikeville, KY 41501. Grant application and essay may be submitted any time during the academic year.

1. Name _____
Last First

Permanent mailing address

Number and street

City State Zip E-mail

Phone _____ Birth date _____
Month Day Year

2. Are you of Hispanic, Latino, or of Spanish origin (LatinX) Yes/No [Y/N] _____

3. How would you describe yourself? _____
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White
_____ Other _____

4. What year did/will you receive a college degree? 20____

College or University Name City State

5. What year will you plan to enter optometry school? 20____

6. Did you receive Pell Grants during your undergraduate studies? Yes/No [Y/N] _____

7. Did you receive other forms of financial assistance during your undergraduate studies due to you/your parents' economic status? _____ If yes, from what programs? _____

8. Do you have financial need at the present time? Yes/No [Y/N] _____

9. Are you a dependent of a parent or guardian at the present time? Yes/No [Y/N] _____

10. Are you currently working 20 hours or more per week? Yes/No [Y/N] _____

