

SECTION A: RECIPIENT INFORMATION

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Email: _____

Permanent Address: _____

Street _____ City _____ State _____ Zip Code _____

Institution: _____

Degree Program: _____

Expected Graduation Date: _____

Term for which requesting funds: Fall 20____ Spring 20____ 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)

SECTION B: DOMICILE INFORMATION

CHECK APPROPRIATE BOX:

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.

INDEPENDENT STUDENT

Domicile is determined by supporting documentation of applicant.

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

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

Name: _____		If not the student, this individual is your: (circle one)				
		Parent	Legal Guardian	Spouse		
Street Address	City	State	Zip Code	mm/dd/yy	to	mm/dd/yy
						Current

Describe the history in Virginia for the individual indicated above: the various times and purposes when residing in Virginia.

SECTION C: ARMED FORCES

Are you a current 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 your current Leave/Earnings Statement reflect Virginia withholding? Yes No

Is your parent/legal guardian/spouse a current 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 your current Leave/Earnings Statement reflect Virginia withholding? Yes No

SECTION D: SUPPORTING DOCUMENTATION

The following documentation must accompany this application:

A copy of your acceptance letter into your institution stating your major/degree program. There can be no conditions, probations, or provisions associated with your admission status. Only students who have been **unconditionally** accepted are eligible for participation.

Provide current official documents that show a Virginia address.

As the applicant, if you have indicated on the previous page that you are a **dependent** of your parent/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:

If dependent, send the information for Parent/Legal Guardian/Spouse; If independent, send information for yourself:

- 1. Copy of a Virginia driver's license **or** identification card
- 2. Copy of most recent federal **and** state tax form (the federal tax form is only required for the Parent/Legal Guardian/Spouse)
- 3. Copy of either a vehicle registration **or** utility bill

SECTION E: CERTIFICATION AND SIGNATURE

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
(required if student is a dependent student)

Date

Please return this completed application and supporting documentation to:

State Council of Higher Education for Virginia
Optometry Grant Loan program
101 N. 14th St., James Monroe Bldg, 10th Floor
Richmond, Virginia 23219

Telephone: 804-225-4072

Email: abbiehandford@schev.edu

Faxed copies of this application will not be accepted.

Application award Year:

Expected Graduation Date:

Full Name (First, Middle, last):

Social Security Number:

Phone Number:

Permanent Address:

*Street Address**City**State**Zip Code*

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 SCHEV, the sum of \$5,000 advanced to me as an Optometry Grant, plus the interest which accrues thereon.

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

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 grant, or portion thereof, this note shall immediately become due and payable to SCHEV, or its designee. I shall repay the amount of the grant(s) received prorated according to the fraction of the work obligation not completed, as determined by SCHEV, plus any accrued interest. I understand that administration of my repayment may be designated by SCHEV to a qualified third-party.

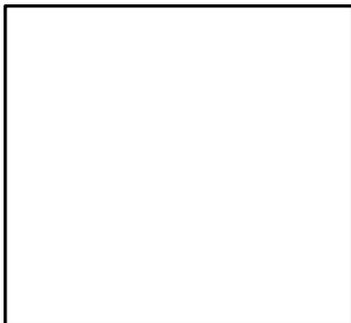
7. I understand that administration of my repayment may be designated by SCHEV to a qualified third-party.
8. I understand that repayment of the uncanceled note may be postponed under the conditions listed below and that all postponements must be requested in writing.
 - a. If I am participating in a 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.
 - b. 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.
 - c. 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.
 - d. 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.
 - e. 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.
 - f. 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 attorney's 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, 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. 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 must also be signed by the student's parent or legal guardian.*

Full Name: (First, Middle, Last) _____

Email: _____ Phone Number: _____

Permanent Address: _____

Street Address

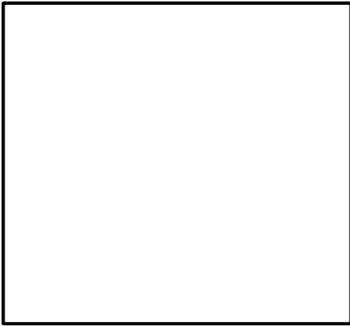
City

State

Zip Code

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

Authorized Official's Signature

Date Signed

Please return this completed application and supporting documentation to:

**State Council of Higher Education for Virginia
Optometry Grant Loan program
101 N. 14th St., James Monroe Bldg, 10th Floor
Richmond, Virginia 23219**

Telephone: 804-225-4072

Email: abbiehandford@schev.edu

Faxed copies of this application will not be accepted.