

Please complete the entire application in blue or black ink to ensure the fastest response.

Please spell last name completely. (Full name must not exceed 20 spaces.)

[illegible]

Optician	Mr.	Ms.	Ms.	Ms.	Dr.					
First, Middle, Last Name (Please print above)								Mo	Day	Yr
								Date of Birth		
Home Address (Apt. # if any)						City	State	ZIP		
Vis.	Med.	E-mail								
Time at Current Address				Home Phone		Social Security Number		Student ID (if different from Social Security Number)		
\$		Monthly Income*		Source of Income		Savings Account		Part Time Job		
						Summer Job		Scholarship Grant		
								Parents		
								Other		
Bank Name		Account Number		City		State		Please check all that apply.		
								Checking Money Market Savings		

Please Tell Us About Your School

College or University	City	State	Your Address at School	Apt. #	City	State	ZIP
				Class Year	Freshman	Sophomore	Junior
Your Phone Number at School	Mo	Yr	Mo	Yr	Senior	Graduate	No Longer a Student
	HS Graduation Date		College Graduation Date				

(Check one box)	Permanent Address	School Address
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X _____ Date _____

Signature of Applicant (Please do not print)

By signing above, I certify that I have read, met, and agreed to all of the terms, conditions, and disclosure on the reverse side of this application.

**Place Registrar
Stamp Here**