



3740 Canada Road
Lakeland, Tennessee 38002
Tel (901) 388 - 2423 • Fax (901) 388-2348

RUSSELL FRITZ, SR. MEMORIAL SCHOLARSHIP APPLICATION

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School: _____

Academic Advisor Name: _____

Academic Advisor Phone: _____

Academic Advisor Email: _____

Year in School: 1st Year 2nd Year Current GPA: _____

Please Attach a Current Copy of School Transcript

How much financial support are you requesting? \$ _____

Please attach a document describing your estimated education expenses (tuition; books; etc)

Please attach a written explanation of why the Vision of Hope Foundation should financially support this student...

Are you willing to write a summary article and share pictures with the Vision of Hope Foundation during your experience at school:

YES NO

Please Fax (901) 388 - 2348 or email (chris_allen14@att.net) the completed application with supporting documentation.

Best wishes for a successful School Year

The Vision of Hope Foundation was formed to promote opticianry education; develop future opticianry leaders; and perform international, national and community based vision related mission work.