



## THE RUDY ALMEIDA GLASSES 4 CLASSES AWARD APPLICATION

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Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Decisions regarding the award of funds for glasses are made by a committee based on the information that you provide on this application. Please be aware that not all students who complete applications will be awarded funds—there is a selection process that the committee (which is comprised of faculty and student representatives) will go through to determine which students will receive funds.

**TO BE READ AND SIGNED BY ALL APPLICANTS:** My signature ensures that all of the information that I have provided on this application is accurate. I also ensure that all copies of documents that I have provided have not been changed in any way. I understand that any information on this application that is found by the committee to be untrue will automatically disqualify my application for this program at this or any other time in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY:

Vision: Left:

Right:

*RN Signature:*

Please scan to [healthcenter@smc.edu](mailto:healthcenter@smc.edu) with subject line  
Glasses for Classes



# ACADEMIC AND PERSONAL HISTORY

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## ACADEMIC INFORMATION

Number of units  
enrolled in currently  
\_\_\_\_\_

Number of units  
completed at SMC  
\_\_\_\_\_

Cumulative GPA  
\_\_\_\_\_

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## STUDENT INVOLVEMENT

Describe below any campus activities that you have been involved in previously or are currently involved in (ex. a club, a special program, etc.)

Did you pay your Associated Students membership fee? \_\_\_\_\_

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## PERSONAL HISTORY

Do you currently use glasses? \_\_\_\_\_

If so, do you use them for reading, distance or both? \_\_\_\_\_

If you have ever used glasses, what was the approximate date (month and year) of your last eye exam and prescription? \_\_\_\_\_

Are you receiving any financial assistance (ex. Financial aid, BOG fee waiver, government assistance)? \_\_\_\_\_

Have you ever been awarded glasses through this program? If yes, what semester were you awarded and why are you reapplying?

Please attach documentation including an explanation to support your request for funding. Your explanation needs to be typed and thoroughly expressing your need for funding.

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## The Rudy Almeida Glasses 4 Classes Award

A program sponsored by Associated Students

YOU MUST READ AND SIGN THIS PAPER BEFORE AN APPLICATION IS GIVEN TO YOU

Thank you for applying for the SMC Glasses 4 Classes Award. This award, established by former SMC student Rudy Almeida, was established to assist students to obtain glasses. All students who apply are not guaranteed the award for glasses. There is a selection committee comprised of faculty and student representatives that will review all applications and will award students based on criteria indicated below:

- Must have completed at least 12 units at SMC (non-SMC coursework cannot count).
- Must have at least a 2.0 cumulative GPA.
- Must be enrolled in at least 6 units during the current semester (if applying in winter or summer—must be enrolled in at least 6 units for the upcoming semester).
- Must be an Associated Student member. Students who are A.S. members receive a sticker that is placed on the ID card. Membership is obtained by paying a \$19.50 fee usually at the time of enrollment in classes, however, this fee may be paid at any point during a session.
- All SMC health fees must be paid.
- Financial difficulty will be considered. You should demonstrate your financial need by attaching documents to support your case (i.e. a copy of financial aid award letter, tax information, paycheck, TANF award letter, etc.)
- Finally, of course, show a need for glasses!
- Please be advised you will need to come in to the health center physically for an eye test.

Students must complete the application and provide any supporting documents that you would like the committee to consider when reviewing your application (supporting documents could include information verifying low income). **Students who provide the most thorough information demonstrating your need will have a better chance of being awarded glasses.** *Please return all information to [healthcenter@smc.edu](mailto:healthcenter@smc.edu).* Due to Covid-19, nurses will be providing a vision screening through telehealth. Please check your email inbox.

Students who are awarded the funding for glasses will have to make an appointment with the selected optometrist (located in Santa Monica) that is participating with our program (you will be required to utilize the services of this optometrist in order to receive your glasses). Funds that are awarded will go towards an in-depth eye exam, frames and lenses (funding will not be provided for contact lenses). Funds will be paid directly to the optometrist. Please contact Student Health Center at (310) 434- 4262 if you have any questions regarding this application.

Please note that all information on the application must be completed in order for the committee to review it. In addition, we recommend that you make a copy of the application for your records prior to turning in your application. Your signature below means that you have read the above information and fully understand its contents.

PRINT NAME \_\_\_\_\_

ID# \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_