

# Big Sky Eye Care Scholarship Application Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

Parents: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

High School: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Guidance Counselor's Name: \_\_\_\_\_

How did you hear about the Big Sky Eye Care Scholarship? \_\_\_\_\_

\_\_\_\_\_

College you will be attending: \_\_\_\_\_

Focus of studies/major: \_\_\_\_\_

Estimate of funds needed during the ensuing college year:

Tuition and Fees \_\_\_\_\_ Books and Supplies \_\_\_\_\_

Room and Board \_\_\_\_\_ Personal Requirements \_\_\_\_\_

TOTAL COST of Education from Post Secondary School \_\_\_\_\_

Expected Personal financial resources during the ensuing academic year: (Income from these or other sources will not disqualify the applicant, but will be considered along with other factors.)

Savings or other funds on hand \_\_\_\_\_ Scholarships \_\_\_\_\_

Parents (family contribution from the SAR) \_\_\_\_\_ Employment \_\_\_\_\_

Other \_\_\_\_\_ TOTAL FUNDS AVAILABLE \_\_\_\_\_

Submit the following with your application (incomplete applications will not be considered for the scholarship).

1. Two letters of recommendation from teachers or community leaders.
2. A copy of your transcripts
3. A copy of your Student Aid Report (SAR)
4. Answer to Essay: **What are your career aspirations and how will healthy vision impact your success?** (250 words or less)

The Scholarship Award will be paid directly to your school of choice.