

Big Sky Eye Care Scholarship Application Form: Due April 15th

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.