

## Big Sky Eye Care Scholarship Application Form: Due April 15<sup>th</sup>

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

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

Name of Parents: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

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

What college will you be attending? \_\_\_\_\_

What is your major/focus of studies? \_\_\_\_\_

### ESTIMATE OF FUNDS NEEDED

Tuition and Fees: \$ \_\_\_\_\_

Books and Supplies: \$ \_\_\_\_\_

Room and Board: \$ \_\_\_\_\_

Personal Requirements: \$ \_\_\_\_\_

**TOTAL COST** of Education for Post Secondary School: \$ \_\_\_\_\_

### EXPECTED PERSONAL FINANCIAL RESOURCES AVAILABLE

Funds on Hand (Savings/Employment/Other Resources): \$ \_\_\_\_\_

Scholarships: \$ \_\_\_\_\_

Parents Estimated Contribution (SAR): \$ \_\_\_\_\_

**TOTAL FUNDS** Available: \$ \_\_\_\_\_

*Income from these sources will not disqualify the applicant, but will be taken into consideration with other factors.*

Submit the following with your application:

- Two letters of recommendation from teachers or community leaders
- A copy of your transcripts
- A copy of your Student Aid Report (SAR)
- **In 250 words or less, tell us what your career aspirations are and how healthy vision will impact your success.**

The Scholarship award will be paid directly to the school you will be attending.

\*\*\* If I am awarded a scholarship, I give Big Sky Eye Care my permission to share my name or photo on their website to recognize me as a scholarship recipient.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_