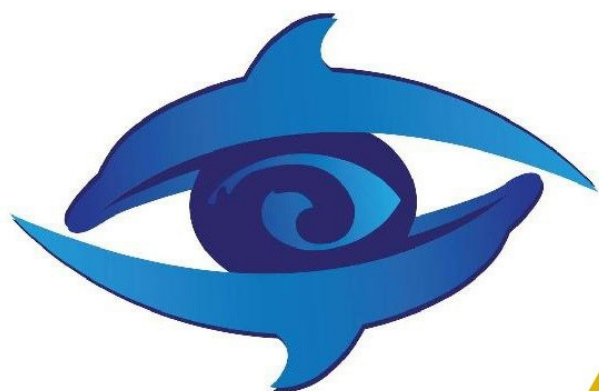


2867 35th Avenue  
Greeley, CO 80634  
970-346-1411

Comprehensive Eye Exams  
Contact Lenses  
Vision Therapy



**SEE LIFE**

*family* *VISION SOURCE*<sup>®</sup>



**See Life Family Vision Source Scholarship  
for Continued Education**

**See Life Family Vision Source Scholarship  
APPLICATION**

PLEASE PRINT OR TYPE LEGIBLY.

**I. Applicant Information**

**Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

**Permanent Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Street

\_\_\_\_\_ **Birth Date** \_\_\_\_\_  
City State Zip

**Email Address** \_\_\_\_\_

**Name of parent or legal guardian** \_\_\_\_\_

**II. Education Information**

**Current High School** \_\_\_\_\_

**Major Subjects (as related to career goals)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**High School G.P.A. to date** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ out of \_\_\_\_\_

**Composite ACT** \_\_\_\_\_ **SAT** \_\_\_\_\_

**Academic honors, awards, or special recognition** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**School(s) of Higher Education to which you have applied:**      **Acceptance:**

\_\_\_\_\_      yes      no      unknown

\_\_\_\_\_      yes      no      unknown

\_\_\_\_\_      yes      no      unknown

**Date of entrance** \_\_\_\_\_ **Expected field of study** \_\_\_\_\_

Mo/Year

**III. School Activities**

List all high school activities in which you have been an active participant; list elected or appointed offices and major accomplishments in each activity. Include clubs, teams, musical groups, etc. Attach additional pages, if necessary.

Activity	9	10	11	12	Offices Held	Accomplishments

**IV. Community Activities**

List all community activities and volunteer work outside of school in which you have been an active participant; list elected or appointed offices and major accomplishments in each activity.

Activity	9	10	11	12	Offices Held	Accomplishments

**V. Work Experience**

List any paid jobs held (may include babysitting, yard care, etc.)

Name and Address of Employer	Position Held	Responsibilities	Date From - To
1.			
2.			
3.			

## **VI. Essay Questions**

Answer each of the following two questions in 200 words or less. Attach an additional page, if necessary.

1. What is your intended field of study? Why did you choose this field?

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2. What achievement has given you the greatest satisfaction? Why? How has it influenced you as an individual?

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## **VII. Statement of Applicant**

I certify that the information on this application is accurate and complete. If I am a recipient, I authorize the Scholarship Selection Committee to use my name and photograph, which I will provide, for publicity.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **VIII. Statement of Parent or Guardian**

I, \_\_\_\_\_, have read the preceding application and

Name of Parent or Guardian

hereby state that with my knowledge \_\_\_\_\_ is

Applicant's Name

applying for a See Life Family Vision Source Scholarship in the amount of \$750 to further his/her

education for the 20\_\_\_\_ academic year at \_\_\_\_\_.

Name of Institution

I have read and understand the attached fact sheet.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this application to See Life Family Vision Source - 2867 35th Ave Greeley, CO 80634  
by March 31st, 2018**

## **See Life Family Vision Source Scholarship**

### **A. Eligibility**

1. Applicant must be a graduating senior in a current academic year from an accredited high school, home school, or online program in the boundaries of Weld County, Colorado.
2. Applicant must be planning to attend an institution of post secondary education in the summer or fall following high school graduation, enrolled in an academic or training program at least one year in length.
3. There are no restrictions of eligibility based on type or location of intended field of study, sex, race, creed, or color.

### **B. Application Procedures**

1. Submit a completed application, signed by the applicant and his/her parent/guardian.
2. Submit an official transcript of high school grades through first semester senior year.
3. Submit one letter of recommendation from an adult who is unrelated to you and who knows you well. This letter should include recommender's relationship to applicant.
4. Submit a resume or activity sheet. Please limit to one page.
5. Applications that are incomplete or missing any of the information requested above will not be considered.
6. Deliver documents in person, or postmarked by **March 31st** to:

**See Life Family Vision Source**

**2867 35th Ave**

**Greeley, CO 80634**

### **C. Selection and Terms of Scholarship**

1. Two \$750 scholarships will be awarded. The scholarships are one-year and non-renewable.
2. The recipients will be chosen by See Life Family Vision Source. Notification of recipients will be made in mid April.
3. After the scholarship has been awarded, the recipient will satisfy the Scholarship Selection Committee that they have been admitted to the institution of higher learning of their choice.
4. The scholarship will be paid directly to the institution of higher learning of the applicant's choice.
5. Should a candidate not accept or later default by not providing proof of enrollment, the scholarship will be void.

### **D. Evaluation Criteria**

1. Academics
2. Participation in high school and community activities
3. Honors, awards, and special recognition
4. Work experience
5. Quality of essay answers
6. Quality of interview questions