



Family Vision Clinic has been serving Savage, MN and surrounding areas since 2002. We are proud to serve our community and believe in giving back to those families that have supported us throughout the years. Once again, our annual FVC Scholarship of \$500 will be given to a graduating high school student entering the medical/sciences field.

We will evaluate applicants based on the following criteria: academic achievement, community service, a personal statement, and one letter of recommendation.

**Eligibility Requirements:** \_\_\_\_\_

- Applicant must be a graduating high school senior from either the Prior Lake/Savage or Burnsville districts
- Applicant must be entering college in the year of graduation
- Applicant must have a cumulative GPA of at least 3.0

**Documentation Required:** \_\_\_\_\_

- Application
- Personal statement detailing why the applicant should be this year's scholarship recipient. The statement should include any relevant information such as: scholastic achievements, commitment to the community, educational and career goals, financial need, family background and any other pertinent information
- Letter of Recommendation - this can be a scholastic recommendation letter from staff/faculty member or from a school counselor or a community service letter of recommendation from a community service representative/leader.

**Deadline:** \_\_\_\_\_

- Complete applications must be received by Family Vision Clinic no later than May 1<sup>st</sup>, 2019. Drop off at the office or mail to 4200 County Road 42 W Savage, MN 55378, Attn: Scholarship. All forms and letters can be emailed to [info@fvc2020.com](mailto:info@fvc2020.com) as well.



Family Vision Clinic 2019 Scholarship

# APPLICATION

(please type below or print clearly)

Name: \_\_\_\_\_  
   First  MI  Last

Address: \_\_\_\_\_  
   Number & Street  City  State                    Zip Code

\_\_\_\_\_ (      ) \_\_\_\_\_  
   Email Address  Phone Number

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

College Attending: \_\_\_\_\_

Anticipated field of study: \_\_\_\_\_

Other Scholarships Received/Anticipated:

School Activities:

Community Service Activities:

Honors/Awards Received:

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



Family Vision Clinic 2019 Scholarship

# PERSONAL STATEMENT

(please type below or print clearly)



Family Vision Clinic 2019 Scholarship

# LETTER OF RECOMMENDATION

(please type below or print clearly)



# 2019 Scholarship



Please review your application packet to ensure that you have included the following: (incomplete applications will not be considered)

- Completed and signed application
- Completed personal statement
- Letter of recommendation from staff/faculty member or from a school counselor or a community service letter of recommendation from a community service representative/leader.