



2022 Scholarship

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/science field. The entire FVC team is proud to continue this annual tradition in honor of Dr. Jenna Sculley who was instrumental in starting the first FVC Scholarship in 2011.

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, Shakopee 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 a 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 December 31, 2021. 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 as well.



Family Vision Clinic 2022 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's Signature: _____ Date



Family Vision Clinic 2022 Scholarship

PERSONAL STATEMENT

(please type below or print clearly)



Family Vision Clinic 2022 Scholarship

LETTER OF RECCOMENDATION

(please type below or print clearly)



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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 a staff/faculty member or from a school counselor
or a community service letter of recommendation from a community service
representative/leader