



Valley Eyecare and Eyewear Gallery Scholarship Application Form

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 Valley Eyecare and Eyewear Gallery Scholarship?

College you will be attending: _____

Focus of studies / major: _____

Submit a letter of recommendation from a teacher or community leader.

In the space below, or on a separate piece of paper, answer the following questions in 250 words or less: **What are your career aspirations and how will healthy vision impact your success?**

Please return the application to our office by **March 1, 2018**.

The Scholarship will be paid directly to your school of choice.



ph: 775.783.1111
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