



BAYCARE CLINIC EYE SPECIALISTS TUITION REIMBURSEMENT APPLICATION

Recognized as Northeast Wisconsin's eye care leader, BayCare Clinic Eye Specialists offer a full range of ophthalmology services. That includes eye exams, state-of-the-art laser vision correction surgery as well as highly specialized pediatric ophthalmology and cosmetic surgery.

BayCare Clinic Eye Specialists have the largest eye clinic north of Milwaukee, offering more specialty services than any other provider in the region.

Staffing for such a large, comprehensive practice holds many challenges as training goes beyond the scope of the certified nursing assistant or medical assistants graduating from certificate and associate degree programs. Staff are required to have knowledge not just in primary care and ocular medicine, they must also have extensive understanding of optics and the refractive world of eyeglasses and lenses.

BayCare Clinic Eye Specialists prides itself on supporting education for those attending and those looking to attend college in the field of ophthalmic assistant/technician and optometric assistant. We further support the continuation of education after employment by assisting the financial needs of our staff to certify and maintain certification.

The physicians at BayCare Clinic Eye Specialists wish to grant two Tuition Reimbursements per year in the amount of \$3000 each, with the following requirements:

- (1) Commitment to pursuing a career in ophthalmology and a 2-year commitment of employment to BayCare Clinic Eye Specialists (at 2253 West Mason Street, Suite 100, Green Bay, WI.)
- (2) Acceptance and attendance into an accredited program of higher learning leading to a degree in ophthalmology.
- (3) Academic excellence as evidenced by class rank, preparatory academic program for a healthcare career, recommendation of current faculty and/or instructors.
- (4) Desirable personal character and work ethic.
- (5) Extra-curricular activities, especially community involvement and leadership.
- (6) Applicant's statement of educational goals and desires.
- (7) Applicant's ability to neatly, legibly and fully complete the application process.
- (8) Financial need.

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Employment Information

1. Are you currently employed?
Hours per week:

Please provide information regarding your employment including your availability to work at BayCare Clinic Eye Specialists while attending school.

Your Future Educational Plans

Provide the following information about your post-secondary education plans and the school that you will be enrolled in the fall.

School:

Address, City, State, Zip:

Major Field of Study:

To Be Completed by Principal or Counselor

A copy of the student's transcript is to be attached to this application.

Student ranks _____ in a class of _____ based on (6) (7) semesters (cross one out)
Students grade point average is _____ on a 4.0 point scale.

Test Scores: ACT Composite _____ SAT Verbal _____ Math _____

Comments:

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Printed name of Principal or Counselor (cross one out): _____

Signature of Principal or Counselor: _____

High School name, address, phone number:

PERSONAL STATEMENT ESSAY

Provide a carefully constructed statement of **no more than 4 pages** about why you are interested in pursuing a career in the healthcare field and your aspiration and goals within the healthcare field. Include any information about yourself that you would like the selection committee to consider in evaluating your application.

If you are currently a high school student, please complete this section.

List any Advanced Placement or College Courses Taken
(Course Title, Number of Credits and Dates):

Recommendations:

Submit a **one-page letter** of recommendation from the following sources:

- **Two high school or college instructors** describing their relationship with the candidate, and their assessment of this candidate's commitment to higher education.
- **One non-family member** describing the relationship with the candidate, how long they have known this candidate and any significant contributions they are aware about the candidate.

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Final Review

1. Submit the application to your Scholarship Coordinator at your High School/College.
2. The completed application should also contain:

- A copy of your high school transcript (if currently in college, you may provide unofficial transcripts signed by your college coordinators)
- Your personal statement essay
- Your three letters of recommendation

3. Scholarship Coordinators or applicants should submit to:

BayCare Clinic Eye Specialists
Attn: Kent Reidinger, Practice Manager
2253 West Mason Street, Suite 100
Green Bay, WI 54303
(920) 327-7000

APPLICATION DEADLINE: MAY 31 FINAL STATEMENT OF CANDIDATE

I certify that all information given on this application is true and complete to the best of knowledge and also request my high school to submit a copy of my transcripts and other academic information to the BayCare Clinic Eye Specialists. I understand that my application will not be sent to any other organization and is only reviewed by the BayCare Clinic Eye Specialists Tuition Reimbursement Selection Committee.

If selected as a Tuition Reimbursement recipient, I understand that I will be provided not only a Tuition Reimbursement but also the opportunity for employment in accordance with the terms of the employment agreement to be presented at that time. The receipt of the Tuition Reimbursement funds will be contingent on agreement between the Tuition Reimbursement recipient and BayCare Clinic Eye Specialists as to the terms of employment.

Signature of Student / Date: _____

Signature of Parent / Date: _____