



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. These include eye exams, glaucoma treatment, and highly specialized pediatric ophthalmology and cosmetic surgery to name a few.

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 taken into consideration:

- (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 eyecare.
- (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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Personal Data

Name _____
 Last First Middle initial

Permanent Address

(Street/City/State/Zip)

Telephone () _____ - _____

Activities and Participation:

Extra-curricular activities, community involvement and leadership are part of the selection criteria. Please be as specific as possible. Attach an additional sheet as needed and clearly indicate your name at the top of the sheet.

1. List your contribution and leadership involvement in extra-curricular activities in school or in the community.

2. List your contribution and/or involvement in healthcare related community service or activities. Be specific.

3. List all honors and awards, either within an academic setting or as a volunteer in community service.

4. Briefly describe any special circumstances including financial need for consideration.

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Employment Information

1. Are you currently employed?
Hours per week:

Please provide a resume (attachment) and describe your availability to work at BayCare Clinic Eye Specialists while attending school below.

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:

Attach a copy of the student's transcript (If unable to provide, please state reason.)

Comments:

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Signature of Principal or Counselor (if still in High School):

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 (if applying post-graduation, persons willing to vouch for work ethic and history are acceptable)** 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. If unavailable, state reason.)
 - Your personal statement essay
 - Your three letters of recommendation
3. **Scholarship Coordinators or applicants should submit to:** (deadline August 1)

BayCare Clinic Eye Specialists
Attn: Toni Pichette
2253 West Mason Street, Suite 100
Green Bay, WI 54303
(920) 327-7000

FINAL STATEMENT OF CANDIDATE

I certify that all information given on this application is true and complete to the best of knowledge and 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: _____