



**‘Focus on your Future... I can see Clearly Now’
Summer Program**

July 15–17, 2018

**For students interested in ‘Focus on Your Future... I Can See Clearly Now’
Summer Program:**

- Preferential consideration will be given to those applicants who will be entering their junior or senior year of high school in the fall of 2018 and who are underrepresented minorities or first-generation students interested in attending college in a pre-health/science related major.
- Applicants must have a cumulative GPA of 3.0 or higher.
- Maximum number of participating students will be limited to 15–20.
- Must complete an application form. Please submit your application as soon as possible to the School of Optometry at the address on the application.
- **Deadline is June 1, 2018.** The actual program date is July 15–17, 2018.
- Participants will need to cover their travel expenses to and from the IU Bloomington campus.

You will need to make sure the following is sent:

- Completed application
- One official copy of your high school record to address on application.
- One letter of recommendation w/cover form to the address on application.
- There is NO program fee.



Application to 'Focus on your Future... I can see Clearly Now' Summer Program

Indiana University School of Optometry

PERSONAL INFORMATION:

Name: (Last Name) (First Name) (Middle Name) Male: [] Female: []

Current Address: (Street) Preferred Phone: (Area Code) (Number) (City) (State) (Zip)

Date of Birth:

Preferred Email Address:

Mother's Name: Father's Name:

Parent Address: (If different from permanent) Telephone: (Area Code) (Number)

Ethnicity: (Optional) Are you Hispanic or Latino? [] Yes [] No

What is your race? (Select one or more)

- [] American Indian or Alaskan Native [] Asian [] Black or African American [] Caucasian [] Native Hawaiian or Pacific Islander [] Other:

STATEMENT QUESTIONS:

How did you find out about the Summer Program? (Mark all that apply)

- [] Searching the Internet - IU Website [] High School Guidance Counselor/Advisor [] College fair event [] Friend [] Eye doctor recommended the program: (name) [] Other: (please describe)



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Personal Statement: Why do you desire to participate in ‘Focus on Your Future... I Can See Clearly Now’ Summer Program? (Please write below or attach personal statement as separate document.)

Signature: _____ Date: _____

Return to: Attn: Joe Boes
Office of Student Administration
Indiana University School of Optometry
800 E. Atwater Avenue
Bloomington, IN 47405-3680

Questions? Email: jboes@indiana.edu
Phone: (812) 855-1917
Fax: (812) 855-4389

Or visit our IU School of Optometry homepage:
www.optometry.iu.edu