Eye U at Indiana University College Summer Program

July 13–15, 2020

For students interested in Eye U at Indiana University College Summer Program:

- Preferential consideration will be given to those applicants who will be entering their junior or senior year of college in the fall of 2020 and who are underrepresented minorities or first-generation students enrolled in a pre-health/science related major.
- Participants will be matched with an Indiana University School of Optometry, IUSO alumnus mentor.
- Benefit from the support of the IUSO Office of Student Administration
- Applicants must have a cumulative GPA of 3.0 or higher.
- Participants will be given priority consideration for admission into the Indiana University School of Optometry if they meet the following criteria
  - Maintain a minimum undergraduate GPA of 3.2
  - Earn a 330 Total Science score on the Optometry Admission Test, OAT exam with all other sections above 300
- Maximum number of participating students will be limited to 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.

**Application Deadline is May 8, 2020.**

- No fees to participants. All meals and housing is covered by IUSO during the camp. Incidental expenses and entertainment is the participants responsibility
- Participants are responsible for 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 University transcript.
- One letter of recommendation w/cover form sent to the address on application.
- There is NO application fee!
Application to Eye U at Indiana University
College Summer Program

Please Print in ALL CAPS

Name: ____________________________________________________________ Female: ☐
(First Name) (Last Name)

Current Address: __________________________________________________ Cell: (_____) ____________
(Street) (Area Code) (Number)
________________________________________
(City) (State) (Zip)

Email Address: _______________________________________________________

Date of Birth: _________________ T-Shirt Size: ____________

Ethnicity:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Caucasian ☐ Native Hawaiian or Pacific Islander ☐ Other________________________

Parents contact information:
Mother’s Name: _____________________________________________ Telephone: (_____) ____________
Parent Email: ________________________________ (Area Code) (Number)

Father’s Name: _____________________________________________ Telephone: (_____) ____________
Parent Email: ________________________________ (Area Code) (Number)

Are you a First Generation Student: ☐ Yes ☐ No
How did you find out about the Eye U at Indiana University College Summer Program

☐ Email from IU School of Optometry
☐ Internet Search/IU Website
☐ University Counselor/Advisor
☐ College fair event
☐ Friend
☐ Eye doctor recommended the program: (name)____________________________________
☐ Other: (please describe)______________________________________________________

Please list your any university clubs you are, healthcare shadowing, and any healthcare employment experience:

☐ ____________________________________________________________
☐ ____________________________________________________________
☐ ____________________________________________________________
☐ ____________________________________________________________
☐ ____________________________________________________________
☐ ____________________________________________________________
☐ ____________________________________________________________

Personal Statement: Why do you desire to participate in the Eye U at Indiana University College Summer Program? Please provide on a separate sheet.

Signature: ________________________________ Date: ______________

Printed Name: ____________________________________________

Return to: Office of Student Administration
ATTN. Kevin Schmidt
Indiana University School of Optometry
800 East Atwater Avenue
Bloomington, IN 47405-3680
Phone: (812) 855-1060
Fax: (812) 855-4389

Questions?
Email: schmikey@indiana.edu
Or visit our IU School of Optometry homepage: www.optometry.iu.edu
Recommendation Request Form
Indiana University School of Optometry

Applicant Instructions

Applicant: ____________________________________________________________

Please complete the following information and furnish a copy of this form to your designated recommender along with a stamped envelope addressed to:

Indiana University School of Optometry
Office of Student Administration
Room 212
Attn: Kevin Schmidt
800 East Atwater Ave.
Bloomington, IN 47405

Waived recommendations are often of greater value in assessing an applicant’s qualifications. Please read the statement below and indicate your preference.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right to access this recommendation, but may choose to waive that right. My preference is noted below.

☐ I waive my right to inspect the content of the recommendation
☐ I do not waive my right to inspect the content of the recommendation

Applicant’s Signature: ____________________________ Date: ______________

Recommender Instructions

The person named above is applying for admission to our Eye U at Indiana University College Program. In your remarks, we would appreciate your candid impressions of the applicant’s ability, aptitude, and skills as they relate to an interest in a career in a health profession. Please comment on the applicant’s overall promise of achievement in a primary health care career. You may also wish to elaborate on your ratings for the applicant in the other categories given in the table.

Please verify the following information, and complete Part I and II of this recommendation form and return directly Indiana University School of Optometry in the envelope provided by the applicant. Please sign the back of the envelope across the sealing flap.

Contact Information furnished by applicant:

Recommender’s Name: ____________________________
Occupation: ____________________________
Address: ____________________________
City: ____________________________
State: _______ Zip: _______
Daytime Phone: ____________________________
Email Address: ____________________________

How long have you known the applicant: _____ Years _____ Months
In what capacity? ____________________________

Recommender: Please update your information as needed.

Recommender’s Name: ____________________________
Occupation: ____________________________
Address: ____________________________
City: ____________________________
State: _______ Zip: _______
Daytime Phone: ____________________________
Email Address: ____________________________

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Recommendation Request Form  
Indiana University School of Optometry

Applicant: 

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<thead>
<tr>
<th>Intellectual Ability</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>Superior</th>
<th>Not Observed</th>
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</thead>
<tbody>
<tr>
<td>Written Communication Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Oral Communications Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Organizational Skills</td>
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<tr>
<td>Team Skills/Collaboration</td>
<td>1</td>
<td>2</td>
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<td>Interpersonal Skills</td>
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<tr>
<td>Maturity Level</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Integrity</td>
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<td>2</td>
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<td>Receptiveness of Feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Overall Evaluation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Recommender’s Signature: ____________________________ Date: __________________

Part II: Letter of Recommendation

The personal recommendation is a valued and integral part of the admissions process.

Please submit a letter of recommendation on professional letterhead for the above named applicant:

- Comment on the applicant’s motivation and suitability for participation in our Eye U at Indiana University College Summer Program.
- Consider the applicant’s qualities in the grid above as well as integrity, ability to work with others, commitment and cultural sensitivity.

The Admissions Committee is aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your help. Your prompt response in submitting this form is essential to a timely decision. If you have any questions or concerns, please call Kevin Schmidt at (812) 855-1060 or email schmikev@indiana.edu