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

July 14 – 16, 2019

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 2019 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 10, 2019.** The actual program date is July 14 – 16, 2019.
- Participants will need to cover their travel expenses to and from 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: __________________________________________  Male: □
(Full Name)

Current Address: __________________________________ Preferred Phone: (____) _____________
(Street) (Area Code) (Number)

________________________________________
(City) (State) (Zip)

Date of Birth: ___________________________ T-Shirt Size: ____________

Preferred Email Address: __________________________________________

Mother’s Name: ___________________________ Father’s Name: ___________________________

Parent Address: __________________________________ Telephone: (____) _____________
(If different from permanent) (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)__________________________________________________
Personal Statement: Why do you desire to participate in ‘Focus on Your Future…I Can See Clearly Now’ Summer Program?

Signature: ___________________________________   Date: ________________

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 High School Summer Program, Focus On Your Future. 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 know the applicant: ___ Years ___ Months

In what capacity?  ☐ Teacher  ☐ Counselor

☐ Other (please specify): ____________________________

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:  
Last Name ____________________________________________________________________________________________  First Name ____________________________________________________________________________________________  Middle Initial ____________________________________________________________________________________________

Part I: Please indicate your evaluation of the applicant with a mark in the appropriate fields.

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<th>Below Average</th>
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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 High School 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

Thank you for your assistance!

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