



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

July 27–29, 2020

**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 2020 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 15, 2020.** The actual program date is July 27–29, 2020.
- 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: ☐

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

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. Nik Jones
Indiana University School of Optometry
800 East Atwater Avenue Bloomington,
IN 47405-3680
Phone: (812) 855-3242
Fax: (812) 855-4389

Questions?

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

Recommendation Request Form Indiana University School of Optometry

Applicant Instructions

Applicant: _____
Last Name First Name Middle Initial

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
Attn: Nik Jones
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: _____

Recommender: Please update your information as needed.

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): _____

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.

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

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 Nik Jones at (812) 855-3242 or email nikjones@iu.edu

Thank you for your assistance!