



DR. RANDALL HOCH • DR. JASON RICKS  
DOCTORS OF OPTOMETRY

**Eyecare Associates of Lewistown Scholarship Application Form**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Parents: \_\_\_\_\_

Home phone number: \_\_\_\_\_

High School: \_\_\_\_\_

Grade point average: \_\_\_\_\_

Guidance counselor's name: \_\_\_\_\_

How did you hear about the Eyecare Associate Scholarship? \_\_\_\_\_

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College you will be attending: \_\_\_\_\_

Focus of studies/ major: \_\_\_\_\_

Submit a letter of recommendation from a teacher or community leader.

On a separate sheet of paper, answer the following question in 250 words or less:

**The doctors of Eyecare Associates understand the role of good vision in academic success. Vision also means establishing a plan for the future. What are your career aspirations and how will your unique talents guide your success?**

The scholarship award will be paid directly to your school of choice.

## **Apply Now for the Eyecare Associates of Lewistown College Scholarship**

Doctors Hoch and Ricks are pleased to offer the Eyecare Associates of Lewistown Scholarship Program (\$500 Award) to area high school seniors.

At Eyecare Associates of Lewistown, we understand that going to college is expensive. Our goal is to reward local students in good academic standing. Our scholarship program is one way of giving back to the community and supporting the youth in our area.

To be considered for the award, high school seniors must complete a short application including an essay question. Stop by Eyecare Associates of Lewistown or see your school counselor to pick up the scholarship application form.

Applications must be received by Friday, May 4<sup>th</sup>, 2018.

### **Please send or drop off completed applications to:**

Eyecare Associates of Lewistown  
PO Box 59  
Lewistown, Montana 59457  
Phone: 406-535-5488  
Fax: 406-535-3210