



**Instructions:**

Please complete the application and submit it and other required materials in person to your local Vision Source office. Locations are listed on page 3.

**Application Deadline:**

Friday, March 12, 2010. **Applications received after this date or by mail will not be considered.**

STUDENT INFORMATION

Name of Applicant \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about this scholarship?

- Guidance counselor
- Internet
- Newspaper / Magazine article
- Vision Source office
- Word of mouth
- Other (specify) \_\_\_\_\_

High School of Enrollment \_\_\_\_\_

School Address \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Sent admission applications to the following colleges / universities: (Include name of institution, city and state)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I've been accepted to the following colleges / universities:  
 \_\_\_\_\_  
 \_\_\_\_\_

I plan to attend the following college in autumn 2010:  
(Please write N/A if you have not yet heard from all the colleges / universities to which you applied.) \_\_\_\_\_

My intended field of study is: \_\_\_\_\_  
**(health, medicine or science related field required)**

Are you a patient of Vision Source? (List of doctors on pg. 3. Answer will not have an effect on selection process.)  Y  N

PARENT / GUARDIAN

Parent or Guardian's Name \_\_\_\_\_  
Last First MI

Parent or Guardian's Address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

OFFICIAL USE ONLY

Rank in Class \_\_\_\_\_

Number in Class \_\_\_\_\_

G.P.A. Cumulative \_\_\_\_\_

Weighted \_\_\_\_\_

School Official \_\_\_\_\_

TEST SCORES:

S.A.T. Verbal \_\_\_\_\_ Math \_\_\_\_\_

A.C.T. Composite \_\_\_\_\_

Letters of Recommendation Included  Y  N

Essay Included  Y  N



**STUDENT PROFILE INSTRUCTIONS**  
Students needing additional space may submit their answers typed on a separate sheet of paper that includes their name, high school and contact information.

STUDENT PROFILE

**Community Service**

Please list volunteer positions that you have held during high school. Include the name of the organization(s) name, position(s) and year(s) of service.

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**Work Experience**

Please list jobs held during high school. Include the name of employer(s), position(s) held and year(s) of service.

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**Membership / Leadership**

List all positions you have held during high school and the year(s) of service.

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**Awards / Honors**

List all that you have received in high school. Indicate grade level during which award / honor was received.

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ESSAY

**ESSAY INSTRUCTIONS**

On a separate page, answer the following two essay questions. All essays must include your name, high school and should be typed and double-spaced.

I understand that if selected for the scholarship, parts or all of my essays may be published by the media.

**Question 1 – 300 words**

Citing an example of your past community service, how do you believe you have made a difference through community service? How has that experience influenced your worldview? Please give specific examples, include the name of the charity or service project and what your job or role was with the organization.

**Question 2 – 400 words**

What do you think is the most prevalent health issue facing Las Vegas? Why? What would you do to combat it through community service? Use specific examples of an existing project or create a new service project idea that could be used to solve or lessen the impact of this problem.



All scholarship applications and related materials must be submitted in person to a Vision Source office. For information on office hours, please contact the individual office.

VISION SOURCE DOCTORS

**Summerlin / Lakes**

James A. Beckwith, O.D.  
Mark Lee, O.D.  
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Suite A  
254-3558

**West Las Vegas**

Michael D. Jones, O.D.  
6600 West Charleston Blvd.  
Suite 110  
878-7777

**Southwest Las Vegas**

Karen Hsueh, O.D.  
5288 West Spring Mountain  
Suite 102  
697-0888

**Rhodes Ranch**

Victoria L. Mar, O.D.  
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736-8883

**Southern Highlands**

Thomas Ha, O.D.  
10660 Southern Highlands Parkway  
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435-6527

**East Las Vegas**

David Davis, O.D.  
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Suite 6  
385-7331

**East Las Vegas**

Dexter Morris, O.D.  
3413 S. Eastern Avenue  
796-1419

**Northwest Las Vegas**

Mark Miller, O.D. &  
Brian Miller, O.D.  
7901 W. Tropical Parkway  
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737-3937

**Aliante**

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Jennifer Chow, O.D.  
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**North Las Vegas**

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