EYE·CARE ASSOCIATES

MEMBER AMERICAN OPTOMETRIC ASSOCIATION

Eyecare Associtates of Lewistown Scholarship Application Form

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?_____

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.

Phone: (406) 535-2020 • Fax: (406) 535-3210 • 119 E. Main Street • Lewistown, MT 59457
www.eyecareaol.com • Email: vision@eyecareaol.com

Apply Now for the Eyecare Associates of Lewistown College Scholarship

Doctors Nash 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. **Visit our website at www.eyecareaol.com or see your school counselor to pick up the scholarship application form.**

Applications must be received by Friday April 2, 2027.

Please send or drop off completed applications to:

Eyecare Associates of Lewistown
119 E. Main St.
Lewistown, Montana 59457
Phone: 406-535-5488
Fax: 406-535-3210
Webpage: www.eyecareaol.com