

# Marion Eye Clinic

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**Will award two \$250 scholarships to SHS Seniors**

*To qualify a student must be in the*

*Top 10% of the class or top 1/3 of the class if receiving free/reduced lunch*

**Applications are due \_\_\_\_\_ and should be returned to the Guidance Office**

**APRIL 20**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Parent/Guardian Names *(as you wish to see it stated in publicity)*

\_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

University/College/ Vocational School you plan to attend

\_\_\_\_\_

Major \_\_\_\_\_

Future Career Plans \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Either on an attached sheet or on the back of this form, write a short essay answering the question,  
"Why should the Marion Eye Clinic invest in your education?"

Signed \_\_\_\_\_