



eye clinic of wisconsin™

Dr. Gordon Backer Memorial Scholarship

Background

Dr. Gordon Backer (along with his brother Bill) founded what is now the Eye Clinic of Wisconsin. Dr. Backer was a fellow of the American College of Surgeons, and he practiced at the Eye Clinic until his retirement in 1995. He was instrumental in driving the geographic growth of the Eye Clinic so that it could provide the highest quality medical services to the largest number of people in the central Wisconsin area. Dr. Backer had a reputation for fairness in dealing with doctors and employees, and he treated and formed relationships with countless numbers of patients. His legacy of selflessness and leadership lives on in the corporate culture of the Eye Clinic of Wisconsin, which named its Wausau clinic "The Backer Building".

Criteria

Successful scholarship applicants should be graduating high school seniors with at least a 3.3 GPA from a school district in Marathon, Portage, Oneida, Langlade, Lincoln, Taylor, or Wood counties. Applicants should have volunteer experience and be intending to pursue a medically-related field at a 2 or 4 year college or university full-time. Special preference given to ECW/ECLSI employees and dependents of employees.

Award Process

One awardee will be presented with a one-time \$1,000 award. Notification is sent to the awarded student and school, and the scholarship certificate is awarded at the applicable school's awards event. Scholarship check awarded in full when student provides proof of acceptance to a 2 or 4 year college or university. If proof is not provided within 90 days of high school graduation, then award becomes null and void. Scholarships must be received by ECW Review Committee by March 15. Please submit completed application to school's guidance counselor or appropriate staff member.

Application

Applicant Name (First, Middle, Last):		Are you an ECW/ECLSI employee or a dependent of an ECW/ECLSI employee? Yes No	
Mailing Address	City	State	Zip Code
Email address	Phone Number		
Current High School Attended:			
Expected Date of Graduation:	Current GPA:		
College/University Planning to Attend:			
	Accepted?		
	Accepted?		
	Accepted?		
<input type="checkbox"/> Full time		<input type="checkbox"/> Part time	

Do you plan to enter a medical-related field? If so, specify if you have an idea of the type (eg, nursing, cardiology, etc)

On a separate piece of paper, please tell us what makes you the best candidate for this scholarship.

Volunteer experience (Feel free to use an additional sheet of paper):

Organization/Activity	Description of Activity	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Reference (at least 2):

Name (First, Middle, Last):

Relationship to applicant:

Contact information:	Phone Number	E-mail

Name (First, Middle, Last):

Relationship to applicant:

Contact information:	Phone Number	E-mail

Signature

Date