



Dr. Gordon Backer Memorial Scholarship Application

History

Dr. Gordon Backer (along with his brother, Dr. Bill Backer), founded what is now the Eye Clinic of Wisconsin. Dr. Gordon Backer was a fellow of the American College of Surgeons and 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 must be graduating high school seniors with at least a **3.3 GPA** from a school district in the **Marathon, Portage, Oneida, Langlade, Lincoln, Taylor, or Wood counties**. Applicants should have volunteer experience and intend to pursue a **medical-related** field at a 2 or 4 year college or university full-time. Special preference is given to ECOW/ECLSI employees and dependents of ECOW/ECLSI employees.

Award Process

One awardee will be presented with a one-time \$1,000 award. Notification is sent to scholarship recipient and school, and scholarship certificate is presented 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, award becomes null and void. **Completed scholarship applications must be received by the ECOW Review Committee by February 10, 2023.**

Please submit completed application to rubym@eyeclinicwi.com, OR via mail Attn: Melanie Ruby, Eye Clinic of Wisconsin Scholarship, 800 N 1st Street, Wausau, WI 54403.

Applicant Name (First, Middle, Last): _____			
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	
Are you an ECOW/ECLSI employee or a dependent of an ECOW/ECLSI employee?			Yes No

Do you plan to enter a medical-related field? If so, please specify (eg, nursing, cardiology, optometry, etc).

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

Volunteer and extracurricular activities (Feel free to use an additional sheet of paper):

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

Personal References (at least 2). Reference letters not required.

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
_____	_____	_____

Applicant Signature

Date