



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 9, 2024.**

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. Completed application should not be sent via Google Docs or links.

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
If yes, please explain: _____			

Do you plan to enter a medical-related field? **Yes No**
If yes, please specify (nursing, cardiology, optometry, etc).

Have you included a one page narrative explaining what makes you the best candidate for this scholarship? **Yes No**

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 & Last): _____

Relationship to applicant: _____

Phone Number and E-mail: _____

Name (First & Last): _____

Relationship to applicant: _____

Phone Number and E-mail: _____

Applicant Signature

Date