



eye clinic of wisconsin™

Dr. Gordon Backer Memorial Scholarship

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 medically-related field at a 2 or 4 year college or university full-time. Special preference is given to ECW/ECLSI employees and dependents of ECW/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 ECW Review Committee by March 16th, 2020.** Please submit completed application to hintze@eyeclinicwi.com, OR via postal mail Attn: Erika Hintz, Eye Clinic of Wisconsin Scholarship, 800 N 1st Street, Wausau, WI 54403.

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? _____

Full time

Part time

Do you plan to enter a medical-related field? If so, please specify (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
_____	_____	_____

Applicant Signature

Date