



# Summer Eye Experience at the Chicago College of Optometry (SEE at CCO)

## Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you participated in a similar program? YES NO If yes, when and where?  
  \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

Which category best describes your race? (optional, can select one or more)  
 Asian/Asian-American  
 Black/African American  
 White/Caucasian  
 Mexican/Mexican-American  
 Puerto Rican  
 Other Hispanic  
 Native American  
 Native Hawaiian/Pacific Islander  
 Bi-Cultural/Other: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College 1: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

College 2: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Family Education

Do you anticipate becoming the first generation in your family to attend college?  Yes  No

### Letter of Recommendation

*Please list the name of the faculty member or advisor who will be providing your letter of recommendation*

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

### Statement Question

How did you find out about SEE at CCO? (Mark all that apply)

- CCO Website
- College Advisor/Counselor
- College Event
- Social Media
- Eye doctor (Dr. \_\_\_\_\_)
- Other: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to enrollment, I understand that false or misleading information in my application may result in forfeiting my position.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Statement

Please write below or attach a personal statement as a separate document

To include, in 500 words or less:

- Why would you like to participate in the SEE at CCO?
- What sort of experiences (personal, academic, or extracurricular) have you had related to the field of Optometry?