



MINSTER DENTAL CARE

SCHOLARSHIP PROGRAM

Minster Dental Care is proud to offer scholarship opportunities to graduating high school seniors from our local communities. Two \$1000 scholarships will be competitively awarded based on the following guidelines:

- Candidate must be an active patient of Minster Dental Care
 - Enrolled in a 4-year college
 - Pursuing a degree in a dental or medical field
 - GPA of a 3.5 or higher on a 4.0 scale
 - ACT score of 23 or higher / SAT score of 1000 or higher
 - Candidate must demonstrate strong academic achievement, extracurricular participation, church and community service, and seriousness of intent.
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INSTRUCTIONS:

Please complete the attached application in full. Incomplete or improperly completed applications may not be accepted. Read and follow instructions carefully. All applications must be post marked on or before FEBRUARY 25.

- Please complete PART 1 in writing. If the applicant is under the age of 18 parent or guardian signature is required.
- Complete PART 2 of the remaining application questions on separate typed paper; size 12 font and double spaced.
- Essay is to be no shorter than 1 page but not longer than 2 pages; size 12 font and double spaced.
- DO NOT place your name or other identifying information on any type-written pages or your essay as scoring is completely anonymous.
- All decisions made by the selection committee are final. No appeal process is available.
- Submitted completed applications via US Mail to:

Minster Dental Care
ATTN: Scholarship Program
P.O. Box 102
Minster, OH 45865

SCHOLARSHIP WINNERS:

Minster Dental Care Scholarship Award Winners will be announced according to each specific school's protocol. High School Guidance Counselors will be notified on or before May 1.



MINSTER DENTAL CARE

PART 1 – PERSONAL INFORMATION

| | | | |
|---------------------------|----------------|---------------------------|-----|
| FIRST NAME | MIDDLE INITIAL | LAST NAME | |
| DATE OF BIRTH: | | HIGH SCHOOL: | |
| MAILING ADDRESS | | | |
| CITY/TOWN | | STATE | ZIP |
| PHONE # 1 | | PHONE # 2 | |
| EMAIL: | | | |
| FATHER / GUARDIAN'S NAME: | | MOTHER / GUARDIAN'S NAME: | |

I certify that the information provided on this application is true, complete, and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by the Minster Dental Care Scholarship Committee.

By signing this form as a potential recipient of a Minster Dental Care scholarship, I give permission to Minster Dental Care to publish my name, essay, and photographs on social media and/or in a press release.

APPLICANT'S SIGNATURE

DATE

PARENT / GUARDIAN (if under 18)

DATE



CANDIDATE ID:

(Internal Use Only – Leave Blank)

PART 2 – APPLICATION

On separate typed paper, please provide responses and details to the following;

1. List all colleges/universities to which you have applied.
 - a. Have you been accepted (Yes / No / Not Heard Back Yet)?
2. Which is your college/university of preference?
3. Field of study / major
4. Current GPA / GPA Scale
5. ACT Score (if taken)
6. SAT Score (if taken)
7. List and describe academic achievements. Example: course of studies, AP and/or Honors classes available and taken, etc.
8. List extracurricular activities and school involvement with correlating years of participation. For example: Band (1,2,3,4), Theatre (3,4), etc.
9. List and describe any church and community activities or services you participated in with correlating years of participation. Include any jobs you have held and volunteer work.
10. ESSAY
 - a. Describe why you have chosen your field of study.
 - b. Is there an event that has influenced this choice?
 - c. What are your hopes to do with this degree?
 - d. Where do you see yourself in five to ten years after graduation from college?