

Gillespie & Brummett Family Dentistry SCHOLARSHIP PROGRAM 2019 APPLICATION FORM

Deadline: This application form and all other required documentation must be received by May 15, 2019. E-mail both the completed application & essay <u>as attachments</u> in <u>one</u> email to: hutchdds@gmail.com.

Considerations: Applicants will be scored based on school and community involvement, essay strength, GPA, and college admission test scores.

Details: One \$500 scholarship will be awarded on June 1, 2019.

Eligibility: Students must meet these criteria to be eligible. Please initial.
 * I am a resident of Hutchinson, Ks or surrounding community (Reno, Rice, McPherson, Harvey, Kingman, Pratt, and Stafford counties) * I am graduating high school in spring of 2019 * I will be attending Hutchinson Community College starting fall of 2019
Name: First name* Middle name(s) Last name*:
If it is different than your formal name, what do you prefer to be called?:
Home address:
*Address:
Address:
*City:*State:*ZIP:
Primary telephone: ()
Secondary telephone: () Extension:
E-mail:
Date of Birth (MM/DD/YYYY):/

What high school are you graduating from?				
	*Name:			
	*City:	_ *State:	_*ZIP:	
	Phone number: ()			
	*What is your current GPA?:			
	ege admission test scores: Attac ACT SAT Other:		of all score reports.	
Please list your school/ community activities and involvement:				
_				
The I	Essay:			
	How will you use your talents and The essay is limited to no more th document, double spaced, with yo and know that well-done short ess	an 300 words. our name at the	Please submit in a second word top. Carefully proof your essay	
Certification Statement:				
	By signing my name below, I confi in the accompanying documents is		ne information provided above and ect to the best of my knowledge.	
	Signed:		Date:	