



Application Instructions

Please complete the attached application form to apply for the Missoula Pediatric Dentistry, PLLC Scholarship and deliver to the office by May 1st. Late applications will not be accepted. Recipients will be announced on May 15th for the Fall 2018 Semester.

Requirements

- **Must be a patient of record for at least 5 years**
- **Must have a cumulative GPA of at least a 3.0**
- **Must be enrolling in a secondary educational program i.e. University, Trade School, Apprenticeship, etc.**
- **2 letters of recommendation from a teacher, coach, employer or religious leader**
- **Must be a High School Senior-only one scholarship per applicant will be awarded**

We look forward to receiving your application.

Sincerely,

The Scholarship Review Committee

*The Scholarship Review Committee will not know the identity of the applicant during the selection process.

Personal Information

First and Last Name: _____

Address: _____

City/Zip: _____

Phone number: _____

E-mail: _____

Educational Information

High School: _____

GPA (Please attach transcript: _____

Extracurricular Activities (sports, community involvement, jobs, etc.)

Activity

Roles and Responsibilities

1. _____

2. _____

3. _____

4. _____

5. _____
