

**APPLICATION DEADLINE: MAY 1, 2017**

Application must be typed or written legibly.

**2016-2017**

## **Hilander Dental Scholarship Application**

**[www.hilanderdental.com](http://www.hilanderdental.com)**

**Criteria:** Must be a graduating high school senior from Kelso, R.A. Long or Mark Morris planning on attending an accredited two or four year college or university and/or trade school, for a dental related career or any graduating high school senior that is a Hilander Dental patient. Scholarship amounts include two, \$500 and one, \$1000.

**Instructions:** A complete application in the following order includes: This application form, two letters of professional recommendations, such as teachers, employers or coaches and a copy of high school transcripts. When complete, mail or drop off the application packet with all required documentation stapled together to: Hilander Dental, 510 Allen St., Kelso, WA, 98626.

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

High School Attending \_\_\_\_\_

Major Field of Study \_\_\_\_\_

College or University  
Attending \_\_\_\_\_

**ACCOMPLISHMENTS:** List no more than four (4) items for each of the following categories. Please include your leadership roles relative to these items.

**A. School Activities** Please list extracurricular club, athletic, student leadership and performing arts activities for which you have been a contributing member.

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**B. Civic Involvement** Please list club, political, group, church and community involvement for which you have been a contributing member.

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**C. Current or Previous Employment History** Please list current job and/or last job held.

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**Certification:** Please certify that all the information contained in this application packet is correct. I agree to abide by the decisions of the Hilander Dental Scholarship Committee and understand that the decisions of the committee will be final and not open to contest.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**Award Notification**

The Hilander Dental Scholarship Committee considers recipients for three (3) scholarships. The scholarships are awarded competitively on the basis of academic achievement, as well as other criteria, including recommendations and statements made by the applicant.

Scholarships will be awarded during June for the 2015-2016 school year. Award notification will only be sent to scholarship recipients. Good luck to all the applicants!

Sincerely,

The Hilander Dental Scholarship Committee