APPLICATION DEADLINE: MAY 10, 2024

Application must be typed or written legibly.

2023-2024

Hilander Dental Scholarship Application

www.hilanderdental.com

Criteria: Must be a graduating high school senior from Kelso, R.A. Long, Mark Morris or Three Rivers Christian planning on attending an accredited two or four year college or university and/or trade school, for a dental related career or <u>any graduating high school senior that is a Hilander Dental patient</u>. 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			

_	ge or University ding
	MPLISHMENTS: List no more than four (4) items for each of the following ories. 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.
В.	Civic Involvement Please list club, political, group, church and community involvement for which you have been a contributing member.
C.	Current or Previous Employment History Please list current job and/o last job held.

, -	u nave rece	ived. Inc	clude na	ature o	r award	and yea	ar rece	ived.	
						, ,			
ls, and	ONAL GOA	u feel yo	ou have	for you	ur chose				ications
ompli	shments to	your ed	ucation	iai goal	S.				

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	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 2023-2024 school year. Award notification will only be sent to scholarship recipients. Good luck to all the applicants!

Sincerely,

The Hilander Dental Scholarship Committee