



## SEVEN LAKES FAMILY DENTISTRY SCHOLARSHIP APPLICATION

Thank you for taking the time to apply for the Annual Seven Lakes Family Dentistry Scholarship! This college scholarship is open to all high school seniors in Moore County. Three scholarships are given: one \$1,000 scholarship and two \$500 runner-up scholarships. Dr. Jennifer Massey is sponsoring the scholarship, but the scholarship recipient will be decided by an independent scholarship committee on the basis of academic performance, moral character, personal statement, letters of recommendation and community involvement. Please complete this application in full. All information is confidential and all decisions are final. For consideration, completed application must be received by 5:00pm on Thursday, April 13, 2017.

Once completed: please submit all information to:

**By mail:** Seven Lakes Family Dentistry, ATTN: Scholarship Committee

1064-B Seven Lakes Drive, West End, NC 27376

**By email:** [sevenlakesdentist@hotmail.com](mailto:sevenlakesdentist@hotmail.com)

1. Applicant's Full Name: \_\_\_\_\_

2. Contact Information:

Physical Address: \_\_\_\_\_

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

Phone Number/Email Address: \_\_\_\_\_

3. High School: \_\_\_\_\_

4. Class rank: \_\_\_\_\_ # in graduating class: \_\_\_\_\_

5. Name of College you will be attending and proof of acceptance:

\_\_\_\_\_

6. Provide official copies of test scores, such as SAT and academic transcript.

7. Extracurricular activities (include any descriptions or details as attachments):

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List academic honors/awards:

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\_\_\_\_\_  
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9. List the names and contact information for your references, limited to three total. (may include actual reference letters as attachments).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Personal Statement/your story, limited to 1 page (include as attachment)

*I verify all information contained in this application is accurate. I authorize my picture/information to be used for advertising purposes if I am selected as a scholarship recipient.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_