

Premier Dental Center
“Something to Smile About” Scholarship - \$1000
2019 APPLICATION

Due April 13, 2019

PURPOSE: The Something to Smile About Scholarship is provided to give financial aid to assist a graduating high school senior to further his/her education at the post-secondary level.

REQUIREMENTS: Must be a graduating 2019 Ferndale High School senior planning to further his/her education at an accredited vocational technical college, a community college, or a 4-year university. Submit 2 letters of recommendation: (1) from a teacher or staff person at the high school, and (1) from a member of the community.

DEADLINE: The completed application must be submitted to the office at Premier Dental Center no later than April 13, 2019 at 5 pm.

APPLICANT INFO:

Name: _____

Address: _____

Email: _____

Phone: _____

High School: _____

College/University planning to attend: _____

Major: _____

School Recommendation Letter written by: _____

Community Recommendation Letter written by: _____

Future Plans:

Write a 500-1000 word essay on your plans for the future after completing your education, and how a scholarship will assist in your endeavors.

Applicants for the Something to Smile About Scholarship are evaluated based on the criteria below*:

- School Activities / Service

- Community Service
- Leadership Experience

*(please use attached sheet to list your attributes in these areas)

Submit:

Submit your application and accompanying documentation with postmark no later than April 13, 2019 to:

Premier Dental Center

PO Box 1313

Ferndale, WA 98248

Or deliver in person to: 2086 Main Street, Ferndale, WA 98248 no later than April 13, 2019 at 5 pm.

Dispersal of Funds:

Your dispersal of funds will be done through Premier Dental Center at the beginning of the school quarter, after providing verification of enrollment.

Certification and Permission to use “Recipient Information” to announce scholarship winners:

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in the termination of any scholarship monies granted.

I agree that when I am offered and accept an award from Premier Dental Center it may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my “Recipient Information”) in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the public relations of Premier Dental Center.

Applicant’s signature: _____

Parent/Guardian signature: _____

Date: _____

For more information regarding this scholarship application, please contact Cassidy Fox, Marketing & Public Relations Manager, directly at **360.380.4553** or by email at: **Cassidyfox@dentistferndale.com**.

School Activities/Service:

Name school services and activities in which you been involved.

Community Service:

Name community service activities in which you been involved.

Leadership Experience:

Name and describe leadership and activity positions, both in and out of school, where you have participated.