

Nelson Dental Clinic Scholarship Application

\$200.00 Value

Name: _____

Parents' Names: _____

Address: _____

Phone: _____ Cell Phone: _____

Age: _____ Gender: _____ Female _____ Male

High School Name: _____

High School Address: _____

What courses do you plan to study in college? _____

What do you aspire to be? _____

Please attach a list of your activities (school, civic, community service, honorary, etc.).

Please attach a list of your hobbies, talents, and/or interests.

Please attach a 100 word essay, explaining how you will use your education to serve your community.

Please attach a letter of recommendation.