

Application for Rockside Family Dental Care Scholarship for High School Seniors

Award: \$1,000. Payable to the Applicant's Post-Secondary Education or Technical School after proof of 1st semester is completed and enrollment for 2nd semester is presented.

Date: _____ please handwrite all responses.

Name: _____

Home address: _____ Phone: _____

City: _____ OH Zip: _____

Name of living parents or guardians: _____

Names and ages of other children in the family: _____

Which, if any, of the above listed are now in post-secondary education?

Father's Occupation: _____

Father's Employer: _____

Mother's Occupation: _____

Mother's Employer: _____

Applicant's Date of Birth: _____

How do you plan to finance your educational future? _____

What school do you plan to attend and have you been accepted?

What is your intended major? _____

In what high school activities or organizations have you taken part?

What work experience have you had? _____

Are you active in any organization outside of school? If so please list:

What are your hobbies? _____

Please write in long-hand a brief description of your personal goals for the next ten years: _____

Applicant's signature: _____

Parent or guardian signature: _____

You must attach a copy of your high school transcript from your guidance counselor to this application.

Drop off application to Rockside Family Dental Care
6132 West Creek Road, Independence, OH 44131

All applications due by May 15, 2018 (8:30 pm) – No exceptions please.
Winner will be selected on June 6, 2018.