



Dental Center- Dr. Travis Gillespie
SCHOLARSHIP PROGRAM APPLICATION FORM

Deadline: This application form and all other required documentation must be received by June 1. E-mail both the completed application & essay as attachments in one email to: hutchdds@gmail.com.

Considerations: Applicants will be scored based on school and community involvement, essay strength, GPA, and college admission test scores.

Details: One \$500 scholarship will be awarded on June 15.

Eligibility: Students must meet these criteria to be eligible. Please initial.

1. _____ * I am a resident of Hutchinson, Ks or surrounding community (Reno, Rice, McPherson, Harvey, Kingman, Pratt, and Stafford counties)
2. _____ * I am graduating high school this spring
3. _____ * I will be attending Hutchinson Community College as a freshman in the fall

Name: _____

Home address:

Address: _____

City: _____ State: _____ ZIP: _____

Primary telephone: (_____) _____

Secondary telephone: (_____) _____ **Extension:** _____

E-mail: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

What high school are you graduating from?

Name: _____

City: _____ State: _____ ZIP: _____

Phone number: (_____) _____

What is your current GPA?: _____

College admission test scores: Attach photocopies of all score reports.

ACT _____ SAT _____

Other:

Please list your school/ community activities and involvement:

The Essay:

How will you use your talents and your smile to positively impact your community?
The essay is limited to no more than 300 words. Please submit a word document, double spaced, with your name at the top. Carefully proof your essay and know that well-done short essays are admired.

Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____