

# Geneva Family Dental \$1,000 Dentistry Scholarship

*Criteria: For students pursuing a career in the dental industry*

**Complete and mail to: Geneva Family Dental 2631 Williamsburg Ave., Suite 201, Geneva, IL 60134**

**Deadline Date: 04/1/2024**

**Scholarship Applicant ID Number:** \_\_\_\_\_ (assigned by organization)

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Academic Information:** \_\_\_\_\_ (Based on 6 semester \_\_\_\_ Based on 7 semester \_\_\_\_)

GPA: weighted \_\_\_\_\_ unweighted \_\_\_\_\_

Class Rank: \_\_\_\_\_ of \_\_\_\_\_ students

ACT Composite \_\_\_\_\_

**School attending after graduation:**

1st Choice: \_\_\_\_\_ Major: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_  
(Tuition /Room & Board)

2<sup>nd</sup> Choice: \_\_\_\_\_ Major: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_  
(Tuition/Room & Board)

**Extracurricular School Activities:** Include number of years, offices held, committees chaired, and awards, earned.

Activity/Athletics	Years	Leadership Responsibilities	Hours Per Month

**Community Service:** Community Projects, Church Activities, Volunteer Responsibilities

Activity	Years	Leadership Responsibilities	Hours Per Month

(Over)

**Employment:**

Jobs Held	Employer	Employment Dates	Hours Per Week

Occupation of: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Full / Part Time (circle one) Full / Part Time (circle one)

Siblings:     Name:                          Age:                          Year in School:  
                  \_\_\_\_\_                          \_\_\_\_\_                          \_\_\_\_\_  
                  \_\_\_\_\_                          \_\_\_\_\_                          \_\_\_\_\_  
                  \_\_\_\_\_                          \_\_\_\_\_                          \_\_\_\_\_

**Personal Statement:** In the space provided, describe your educational goals and why you chose your intended field of study.

**Optional Special Need Statement:** In the space provided, explain any special situation(s) that affects your ability to obtain a post high school education. This can include, but is not limited to, financial constraints and family circumstances.

*I certify that all the answers I have given on this application are complete and accurate to the best of my knowledge.*

Printed Name: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

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