



Danner Dental Scholarship

SCHOLARSHIP APPLICATION 2010

Administered by Dr. Jeff Danner of Danner Dental
901 Schneider Street S.E., North Canton, OH 44720
www.DannerDental.com 330-494-6016

SCHOLARSHIP CRITERIA:

- ◆ (2) \$500 scholarships available to students intending to enter into the dental field, medical field or any science-related field.
- ◆ Applicants must be 2010 graduating high school seniors.
- ◆ Must have at least a cumulative 3.0 Grade Point Average (GPA) for junior and senior years in high school.
- ◆ Selection will be based on merit, community service, and academic performance.
- ◆ **Completed application and required attachments must be mailed or delivered in person by March 18, 2010 to: Danner Dental, 901 Schneider Street S.E., North Canton, OH 44720, Attn: Scholarship Committee.**

CHECKLIST OF ATTACHMENTS:

- Personal Essay discussing: 1) your career objectives & where you see yourself in 5 years, and 2) how you have made a positive impact in others' lives (typed, double-spaced, maximum of 2 pages).
- Copy of official transcript of grades.
- A letter of recommendation from your high school counselor, teacher or health care professional addressing 2 issues: 1) reasons why you should be considered for this scholarship, and 2) your potential for success in college.
- Letter of acceptance from college (if applicable).

Please read and follow all instructions carefully. Incomplete applications will not be considered.

APPLICATION INFORMATION & EDUCATION PLANS:

Name (First, Middle, Last): _____ Date of Birth: _____

Permanent address (Street, City, State, Zip): _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

College you plan to attend: _____ City: _____ State: _____

Check one: ___ 4-year college/university ___ 2-year community college Have you been accepted? YES / NO
(If yes, please attach copy of acceptance letter.)

Anticipated Major: _____

ACADEMIC INFORMATION:

High School: _____ Graduation Date: _____ Class Rank: _____ of _____

Cumulative GPA: _____ (on a scale of _____) SAT score: _____ out of _____ ACT score: _____ out of _____

Counselor: _____ Counselor's Phone: _____