

**Scholarship Application**  
**Oak Park Family Dental Care**  
**Salem, Oregon**

**Due Date:** Postmarked no later than March 31, 2010.  
**Scholarship:** A \$500 one-time scholarship made out to your college or university.  
**Eligibility:** To be awarded to a graduating High School senior who is a current patient of Oak Park Family Dental Care with a GPA of 2.8 or higher. To be used for attending a two-year or four-year school.

**Rules:**

1. Fill out the application form.
2. Send us your official high school transcript, a typed 250-word essay about your education plans and future goals, and two typed letters of recommendation (one letter from a teacher or school administrator and one from an adult who is not a family member). Send by regular mail to:

Oak Park Family Dental Care Scholarship  
4175 Silverton Rd, NE  
Salem, OR 97305

Applicant's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian name \_\_\_\_\_ Your GPA \_\_\_\_\_

**SCHOOL ACTIVITIES** (clubs, sports, etc.) School you are graduating from \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES** (scouts, religious, community service)

**EDUCATION PLANS** School you plan to attend: \_\_\_\_\_

**CAREER PLANS**

**WORK:**

Do you work after school? \_\_\_\_\_ Occupation \_\_\_\_\_

Do you work in the summer? \_\_\_\_\_ Occupation \_\_\_\_\_

How do you plan to pay for school? \_\_\_\_\_

Other scholarships or financial awards you have received: \_\_\_\_\_

I have read these instructions and have personally completed the application and essay. I understand the decision of the judges is final.

\_\_\_\_\_  
(Applicant)