



# *The Just Kids Dental Alumni Scholarship Application*



NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

FATHER\_\_\_\_\_ EDUCATION\_\_\_\_\_

OCCUPATION\_\_\_\_\_ EMPLOYED AT\_\_\_\_\_

MOTHER\_\_\_\_\_ EDUCATION\_\_\_\_\_

OCCUPATION\_\_\_\_\_ EMPLOYED AT\_\_\_\_\_

PARENTS: \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DECEASED

YOU LIVE WITH\_\_\_\_\_

NUMBER OF SIBLINGS\_\_\_\_\_

HIGH SCHOOL ATTENDED\_\_\_\_\_

GPA ON 4 POINT SCALE \_\_\_\_\_

INSTITUTION YOU PLAN TO ATTEND\_\_\_\_\_

OTHER INSTITUTIONS YOU ARE CONSIDERING\_\_\_\_\_

INTENDED FIELD OF STUDY\_\_\_\_\_

SCHOOL ACTIVITIES/OFFICES/HONORS

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COMMUNITY ACTIVITIES AND LEADERSHIP POSITIONS HELD

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ANY EXTRA INFORMATION YOU WOULD LIKE US TO KNOW ABOUT?

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PARENT SIGNATURE\_\_\_\_\_

STUDENT SIGNATURE\_\_\_\_\_

ALL APPLICATIONS WILL BE HELD IN STRICT CONFIDENCE

**APPLICATION DEADLINE MARCH 25**

PLEASE TYPE AND STAPLE TO THE APPLICATION A ONE-PAGE ESSAY ADDRESSING THE FOLLOWING:

***HOW HAS YOUR EXPERIENCE AS A PATIENT AT JUST KIDS DENTAL INFLUENCED YOUR DECISION TO  
PURSUE A CAREER IN HEALTHCARE?***

**\*\*RETURN THIS FORM ALONG WITH YOUR ESSAY AND ONE LETTER OF RECOMMENDATION TO:  
SHELLEY@JUSTKIDSDENTALWI.COM OR IT CAN BE DROPPED OFF AT THE OFFICE AT:  
1313 N.TAYLOR DRIVE, SHEBOYGAN**