## 2023 Rimrock Pediatric Dentistry Scholarship

Deadline: This application form and all other required documentation must be postmarked by April 7th, 2023.

Places amail application to Mikelsherman@hackhonedental

Please email ap	oplication to Mi	celsnerman@backbonedental.com
<b>Questions?</b> e-r	mail: mikelshern	nan@backbonedental.com
All fields are re	quired to be co	npleted.
1. Name:		
2. Home addre	ess:	
3. Primary tele	phone:	
4. Secondary to	elephone:	
5. E-mail:		
6. What school	l do you curren	ly attend?
Name:		
Address:		
City: State: ZIP	:	
Phone number	:	What is your current GPA?
_		will you attend in 2022-2023? (If undecided at present, and state to us before August 1, 2023.)
Name:		
Address:		
City:	State:	ZIP:
8. What degree	e(s) or certificat	ion(s) are you pursuing?
0 4		and death and fourtification or made to a

- 9. Anticipated year of college graduation/certification completion:

10.	The	Essay	/:
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What does the scholarship committee need to know about you in 1,000 words or less? The committee
members will be especially interested in the following points:

- Most notable qualities
- Volunteer activities
- Extra-curricular activities
- Why are you pursuing this particular field of study/career?
- What would it mean for you to be awarded this scholarship?

Attach your essay to this form. The essay is limited to 1,000 words or less.

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

Signed:	Date:
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