



# **PROGRESSIVE DENTAL, PLLC**



*"Dentistry for All Ages"*

Dr. Sonny Spera Dr. Brian Blanchard  
Dr. Matthew L. Franklin Dr. Oreida Quinones Dr. Stephen Sheffield

## **APPLICATION**

### **12<sup>TH</sup> ANNUAL PROGRESSIVE DENTAL COMMUNITY SCHOLARSHIP**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ High School \_\_\_\_\_

Please List Participation in Extracurricular or Community Activities:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

Planned College or University \_\_\_\_\_

Intended major of study \_\_\_\_\_

Please return this application with the following:

- a) High School Transcript
- b) Single page essay describing why candidate should be awarded scholarship
- c) Appropriate Letters of Recommendation (2)

**Application Deadlines: April 15**  
**Selection : May 15**

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