



P R O G R E S S I V E D E N T A L, p l l c



“Dentistry for All Ages”

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

APPLICATION
^{12TH} 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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