

Application

26th 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)

Email or mail application and additional documents to:
lpecka@progressivedentalNY.com

Progressive Dental
Attn: Lauren Pecka
1113 US RTE 11
Kirkwood, NY 13795



Apply Online

Application Deadline: May 17, 2024
Selection: June 10, 2024

ENDWELL

565 Hooper Rd.
Endwell, NY 13760
P: 607.754.2273
F: 607.754.9526

NORWICH

101 S. Broad St.
Norwich, NY 13815
P: 607.334.8666
F: 607.334.6662

MONTROSE

57 Public Ave.
Montrose, PA 18801
P: 570.221.9200
F: 570.221.6640

KIRKWOOD

1113 US Rte. 11
Kirkwood, NY 13795
P: 607.722.5464
F: 607.775.1125

BINGHAMTON

51 Front St.
Binghamton, NY 13905
P: 607.724.7166
F: 607.724.7178