## ADVANCED DENTAL CARE of Streetsboro

Martin W. Layman, DDS, FAGD | Elisa Caloca, DMD - General Dentists

| Scholarship Application - Streetsboro High School PLEASE PRINT OR TYPE             |                             |            | Deadline: March 13, 2020 |                                       |
|--|-----------------------------|------------|--------------------------|---------------------------------------|
| Name   | Gender                      | □м         | 🗆 F                      | Birth Date                            |
| Street Address   |                             |            |                          |                                       |
| City   | State                       |            |                          | Zip                                   |
| Phone Email  |                             |            |                          |                                       |
| Class Rank Out of  | GPA                         |            |                          |                                       |
| List school organizations and activities in which you have par                     | icipated and note offices w | /hich you  | have held.               |                                       |
|  |                             |            |                          |                                       |
| List activities outside of school that you participate in such as                  | church youth group, scout   | ts, volunt | eer work, et             | c. and note any office held.          |
|  |                             |            |                          |                                       |
|  |                             |            |                          |                                       |
| List employment: (summer or other jobs that may bear on this                       | application):               |            |                          |                                       |
| Where do you plan to continue your education after high scho                       | ol?                         |            |                          |                                       |
| Have you been formally accepted at the institution listed about                    | t? 🗌 Yes 🗌 No               |            |                          |                                       |
| In what field or major do you plan to study after hight school?                    |                             |            |                          |                                       |
| Please submit an original type written essay of no more than for this scholarship. | or 4 paragraphs that outli  | nes your   | thoughts as              | to why the reader should consider you |
| Thank you for applying for the Advanced Dental Care of Stree                       | sboro Achievement Award     | l and con  | gratulations             | on your impending graduation."        |
| PLEASE SUBMIT YOUR APPLICATION TO TH   | E STREETSBORO HIGH SO       | CHOOL      | GUIDANCE                 | COUNSELOR'S OFFICE.                   |

Advanced Dental Care of Streetsboro Scholarship Achievement Award 9305 Market Square Dr Streetsboro, OH 44241

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