

KITSAP KID'S DENTISTRY SCHOLARSHIP PROGRAM

The Kitsap Kid's Dentistry Scholarship Program awards two nonrenewable \$1000 scholarships annually with \$500 distributed each semester beginning in the fall. All scholarship money will go directly to the school to be applied towards tuition, books, fees, housing, or related expenses. If the student does not continue full time status for the second semester, the remaining \$500 will not be awarded.

Selection Criteria and Eligibility

Applicants must be a current or past patient of record of Kitsap Kid's Dentistry. Applications will be accepted from graduating seniors planning to attend an institution of higher learning for at least one year. All applicants must have a GPA of at least a 2.5 on a 4.0 scale, or a 3.75 on a 6.0 scale at the end of their senior fall semester for consideration of this scholarship. Scholarship recipients will be determined based on essays, academic achievement, and participation in school and community activities.

Application Process

1. The Kitsap Kid's Dentistry Scholarship application form is to be completed by the student and school official after the first semester GPA has been determined.
2. Attach (2) typed essays on:
 - a) From your perspective, what was positive about the year 2020, and why? (3-5 paragraphs, 300 words or less) and
 - b) If you were a scoop of ice cream, what flavor would you be? Why? (50 words or less)

The application with all supportive materials enclosed must be submitted to Kitsap Kid's Dentistry and postmarked or received no later than March 12, 2021. *THERE WILL BE NO EXCEPTIONS.*

Notification of Scholarship Winners

Scholarship winners will be notified by mail by April 16, 2021, and their names and photos may be used for public relations purposes. The names of scholarship winners will be posted on the Kitsap Kid's Dentistry website at <http://www.kitsapkidsdentistry.com>.

KITSAP KID'S DENTISTRY SCHOLARSHIP APPLICATION

Student Information

Student Name _____ Home Phone _____
(Last) (First) (MI)

Address _____
(City) (State) (Zip Code)

School Presently Attending _____

Postsecondary school(s) admitted to _____

List any honors, recognitions, or awards you have received _____

List extracurricular activities or organizations (both school and community) you have participated in, years of involvement, and indicate any office held _____

Recent work experience (most recent first)
Title Employer Date Started Date Ended Hrs/Wk

List all scholarships or monetary awards you are receiving, and in what amount

Name and address of local newspaper _____

Attach (2) typed essays on:

a) From your perspective, what are the positives of 2020? (3-5 paragraphs, 300 words or less)

AND

b) If you were a scoop of ice cream, what flavor would you be? Why? (50 words or less)

I, _____ agree that Kitsap Kid's Dentistry may use my name and photograph for public relation purposes, and certify that all of the above information is true and accurate to the best of my knowledge.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____
(if student is under 18 yrs. old)

This section to be completed by applicant's school

Please note that this scholarship application must be postmarked or received by March 12, 2021.

Mail to: Kitsap Kid's Dentistry Scholarship
1358 NE McWilliams Road
Bremerton, WA 98311
Phone number: 360-698-3242

Cumulative GPA _____ on a _____ scale as of end of first semester senior year. Are grades weighted? _____

Class Rank _____ out of _____

SAT total _____ ACT total _____

School phone number _____

Signature and title of school official verifying GPA and scores

Date _____