

APPLICATION FORM

**The Hartland Smilemakers**

**“SMILES MAKE A DIFFERENCE SCHOLARSHIP**

Christopher B. McDaniel, D.D.S.

Joel R. Kerwin, D.D.S.

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*All information must be filled out completely and legibly*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

High School Now Attending \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_ Grade point average \_\_\_\_\_

Where do you plan to attend college? \_\_\_\_\_

What will be your field of study? \_\_\_\_\_

How many brothers and sisters do you have? \_\_\_\_\_

Number of brothers and sisters in college presently? \_\_\_\_\_

List your high school activities, the years of involvement and any leadership positions held:

List your involvement in community/church activities, the years of involvement and any leadership positions held:

When did you begin working and what jobs have you held?

How do you plan to pay for your education?