

APPLICATION FORM

The Hartland Smilemakers

“SMILES MAKE A DIFFERENCE SCHOLARSHIP

Christopher B. McDaniel, D.D. S.

Ryan Miller, D.D.S.

Kenneth F. McDaniel, D.D.S.

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?