



PROGRESSIVE DENTAL, pllc



"Dentistry for All Ages"

Dr. Sonny Spera Dr. Jennifer Redmore
Dr. Brian Blanchard Dr. Matthew L. Franklin Dr. Oreida Quinones

APPLICATION
10TH 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)

Application Deadlines: April 15
Selection : May 15

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