



## **\$1,000 Scholarship Essay Contest 2020 Instruction Sheet for Applicants**

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**The following instructions must be strictly followed:**

**Title of Essay Options:** How has medical advancements in your community made an impact on you?  
Why is dental access crucial to a thriving community?  
How can a smile impact your life?

**Length of Essay:** 400 to 500 words (typewritten)

**Judging Criteria:** Content (develop an answer to the question citing specific contemporary examples to the problem stated in the title); grammar, spelling, punctuation and originality.

**Deadline:** Essays must be received no later than 4:00pm on **Friday, April 24th, 2020** to:

**Mail -** Robinson Dental  
Attn: Community Department  
899 Reno Drive  
Wayland, MI 49348

**Application:** Student must complete the application and provide the guidance counselor student profile form.

**References:** Where appropriate, essays should include reference sources used.

**ALL ESSAYS WILL BE ASSIGNED AN APPLICANT CODE TO ENSURE CONFIDENTIALITY DURING THE JUDGING PROCESS!**

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### **Eligibility Requirements**

- To qualify, the essay contestant must be a graduating high school senior at Coopersville High School/ Wayland Union High School.
- To receive scholarship funds, the winning contestant must have received their high school diploma before the funds are disbursed.
- All essays must be accompanied by an application and guidance counselor student profile form.
- Scholarship funds will be awarded based on the quality of the essay, regardless of personal financial need of the contestant.
- There will be no exceptions for missing the stated submission deadline.
- Scholarship funds will be sent directly to the secondary education institution of the winner's choice for the benefit of the winner (no funds will be directly given to the winners). Winners must contact the admissions department at their institution to find out exact information that must be printed on the scholarship check and submit this information to Robinson Dental's Community Liaison by e-mail no later than **Monday, June 29th, 2020**.
- Winners of the \$1,000 scholarship will be notified by **Friday, May 1st, 2020**.



# Scholarship Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: Michigan Zip: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

High School Attending \_\_\_\_\_ GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

University or Institute you plan to attend \_\_\_\_\_

Address of college you plan to attend \_\_\_\_\_ Phone \_\_\_\_\_

Career you plan to pursue \_\_\_\_\_

Please list any other scholarships you have received and the amounts \_\_\_\_\_

Honors received and year \_\_\_\_\_

List involvement in sports or other school activities \_\_\_\_\_

Hobbies \_\_\_\_\_

Church you attend and activities involved (optional) \_\_\_\_\_

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to Robinson Dental to contact my school, if necessary, and to use my name, likeness, and photograph in promotional materials in the event that I am selected to receive a scholarship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL:**

School Name \_\_\_\_\_ Phone \_\_\_\_\_

School Address \_\_\_\_\_

Is this student in the current graduating class and meets eligibility requirements? YES / NO

Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Guidance Counselor Student Profile Form

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor.

**To the Guidance Counselor:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return in a sealed envelope to the applicant. **A letter of recommendation does not replace this section.**

The applicant's choice of a post-secondary educational program is:  Extremely Appropriate  Very Appropriate  Moderately Appropriate  Inappropriate

The applicant's achievements reflect his/her ability:  Extremely Appropriate  Very Appropriate  Moderately Appropriate  Inappropriate

The applicant's ability to set realistic and attainable goals is:  Extremely Appropriate  Very Appropriate  Moderately Appropriate  Inappropriate

The applicant demonstrates good problem-solving skills, follows through, and completes tasks:  Extremely Appropriate  Very Appropriate  Moderately Appropriate  Inappropriate

The applicant demonstrates leadership in the community and classroom:  Extremely Appropriate  Very Appropriate  Moderately Appropriate  Inappropriate

The applicant demonstrates respect for self and others:  Extremely Appropriate  Very Appropriate  Moderately Appropriate  Inappropriate

**Comments:**

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Signature

Date

Title

Phone Number