2025 Rimrock Pediatric Dentistry Scholarship

**Deadline:** This application form and all other required documentation must be postmarked by **March 28, 2025**.

We will be awarding 8 scholarships this year, each in the amount of $1000.

Please email application to **Mikelsherman@backbonedental.com**

**Questions?** e-mail: mikelsherman@backbonedental.com

All fields are required to be completed.

**1. Name:**

**2. Home address:**

**3. Primary telephone:**

**4. Secondary telephone:**

**5. E-mail:**

**6. What school do you currently attend?**

**Name:**

**Address:**

**City: State: ZIP:**

**Phone number: What is your current GPA?**

**7. What college/trade school will you attend in 2024-2025?** (If undecided at present, send the school’s name, city, and state to us before August 1, 2025.)

**Name:**

**Address:**

**City: State: ZIP:**

**8. What degree(s) or certification(s) are you pursuing?**

**9. Anticipated year of college graduation/certification of completion:**

**10. The Essay:**

What does the scholarship committee need to know about you in 1,000 words or less? The committee members will be especially interested in the following points:

**• Most notable qualities**

**• Volunteer activities**

**• Extra-curricular activities**

**• Why are you pursuing this particular field of study/career?**

**• What would it mean for you to be awarded this scholarship?**

Attach your essay to this form. The essay is limited to 1,000 words or less.

**11. Please make sure the below items are included with your application in order to qualify for the scholarship:**

1. Application
2. One-page letter or 1,000 words or less essay
3. Submit the acceptance letter for their school. It can be either a 4 year school, 2 year school, trade school or certificate program.
4. Submit 2 reference letters from non-family members.

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**