



Kambiz Moin

D.M.D., M.P.H., P.A.

Specialist in Orthodontics for Children and Adults

Students applying for this scholarship must be a patient or prior patient of Dr. Moin.
Complete applications must be submitted to the office no later than **April 30th**.

Name: _____ Date of Birth: _____

Permanent Mailing Address: _____

Email: _____ Telephone: _____

High School attended and expected date of graduation: _____

Colleges you are applying to and expected major(s): _____

Activity	Grade level				Approx. time spent:		Positions held or honors won	Do you plan to continue in college?
	9	10	11	12	Hrs/ wk	Wks/ yr		

ESSAY: Please type an essay of at least 500 words in response to the following question:

What are your dreams of the future? When you look back on your life in thirty years, what would it take for you to consider your life successful? What people, things, and accomplishments do you need? How does this particular scholarship fit into your plans for the future?

Please submit 2 recommendations with this application. Must be written by an adult, non-family member (teachers, coaches, employers) and must tell us why you are an outstanding youth and worthy of this scholarship. In addition, please submit your **high school transcript** dealing with the courses taken and the grades received.

Decisions will be made by **May 15th** and you will be notified by phone.

765 South Main Street Suite 302 Manchester, NH 03102

Ph: 603-669-4503 Fax: 603-669-9160