



Students applying for this scholarship must have been or must currently be a patient of Dr. Moin.
 Complete applications must be submitted to the office no later than **April 1st**.

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:

Tell us in your own words what changes you think you will see in the world in the coming century? In what way do you hope to affect those around you to make the world a better place?

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 **April 30th** and you will be notified by phone.

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