



Students applying for this scholarship must be a current or past patient of Moin Orthodontics. Complete applications must be submitted to the office no later than **April 30th, 2017.**

Name: _____ Date of Birth: _____

Mailing Address: _____

Email: _____ Telephone: _____

High school Attended and Expected Date of Graduation: _____

Colleges you are Applying to and Expected Major: _____

Activity	Grade level				Approx. time spent:		Positions held or honors won
	9	10	11	12	Hrs/ wk	Wks/ yr	

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

How will your college studies contribute to your immediate or long range career plans? Additionally, how will you use it to give back to your community?

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.**

Decisions will be made by **May 18th, 2017.**

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