

**The Smile Clinic team is excited to offer a current high school senior who will be attending UW-Manitowoc, Silver Lake College, or Lakeshore Technical College during the 2019-2020 school year, a $500 non-renewable scholarship.**

**Applicants will be judged on overall academic achievement, demonstrated extracurricular community and service involvement, and completion of the scholarship application form.**

**Criteria Includes** : A resident of Manitowoc County

Planning to attend UW-Manitowoc, Silver Lake College, or Lakeshore

Technical College during the 2018-2019 school year

**Application Procedure**: Completed Application Form

2 Letters of Recommendation (1 teacher, 1 personal)

Current Transcript

**Guidelines**: The scholarship money will be sent to the school you will be attending and may be used

for tuition only.

**Submission**: Return the completed application and requirements by **April 12, 2019**, to:

**Smile Clinic s.c.**

**Attn: Scholarship Committee**

**1602 N. 18th Street**

**Manitowoc, WI 54220**



**Smile Clinic Scholarship Application**

**Personal Information**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**  Current School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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College you are planning to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you been accepted?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Experience** (school, church, community, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Awards/Honors**  (school, athletics, or volunteer related)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Work Experience** (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please answer the following questions:**

**Explain why you’ve chosen your future career field**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I am the best candidate for this scholarship because**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Tell us about a person who has influenced you in a significant way**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If chosen to receive the Smile Clinic Scholarship, I give permission to use my name, picture, etc. for acknowledgement of the scholarship.

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

Submission Checklist: \_\_\_ Completed Application

\_\_\_ 2 Letters of Recommendation (1 teacher, 1 personal)

\_\_\_ Current Transcript  **Due Date: April 12, 2019**