



## **SEVEN LAKES FAMILY DENTISTRY SCHOLARSHIP APPLICATION**

Thank you for taking the time to apply for the 9<sup>th</sup> Annual Seven Lakes Family Dentistry Scholarship! This college scholarship is open to all seniors attending high school in Moore County.

Three scholarships are given: one \$1,500 scholarship and two \$1000 scholarships. Dr. Jennifer Massey is sponsoring the scholarship, but the scholarship recipient will be decided by an independent scholarship committee on the basis of academic performance, moral character, personal statement, letters of recommendation and community involvement. Please complete this application in full. All information is confidential and all decisions are final. For consideration, completed application must be received by 5:00pm on Thursday, March 21, 2024.

Once completed, please submit application packet to:

**By mail:** Seven Lakes Family Dentistry  
ATTN: Scholarship Committee  
1064-B Seven Lakes Drive  
West End, NC 27376

**By email:** [sevenlakesdentist@hotmail.com](mailto:sevenlakesdentist@hotmail.com)

1. Applicant's Full Name: \_\_\_\_\_

2. Contact Information:

Parents/Guardians Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number/Email Address: \_\_\_\_\_

3. High School: \_\_\_\_\_

4. Current Class rank: \_\_\_\_\_ # in graduating class: \_\_\_\_\_

5. Name of College you will be attending (proof of acceptance attached):  
\_\_\_\_\_

6. Provide official copies of SAT or ACT test scores and academic transcript.

7. Extracurricular activities (include any descriptions or details as attachments):

8. List academic honors/awards (include descriptions/details as attachments):

9. Reference letters (2-3, provided as attachments).

10. Personal Statement/your story, limited to 1 page (include as attachment)

*I verify all information contained in this application is accurate. I authorize my picture/information to be used for advertising purposes if I am selected as a scholarship recipient.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_