



SEVEN LAKES FAMILY DENTISTRY SCHOLARSHIP APPLICATION

Thank you for taking the time to apply for the 10th 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 recipients 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 4:00pm on Thursday, March 20, 2025.

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

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 copies of SAT or ACT test scores and academic transcript.

7. Resume with detailed extracurricular activities and honors/awards.

8. 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 photograph/personal information to be shared if I am selected as a scholarship recipient.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____