

DR. PAUL W. VINEYARD SCHOLARSHIP FUND

A Charitable Fund of the Eastern Shore Dental Society

Scholarship Award Guidelines

A. Choice of School: Accredited college, university, or program that offers studies in dental hygiene.

B. Who May Apply: An applicant must be a resident of one of the following eight counties on Maryland's Eastern Shore: Kent, Queen Anne's, Talbot, Caroline, Dorchester, Somerset, Wicomico and Worcester, who is graduating senior at a public or private high school, or has been accepted into or is currently attending, a dental hygiene program at a post-secondary institution.

C. Qualifications: Applicants must show proof of acceptance into an accredited college, university, or program and provide three letters of reference, one each from a dentist, a teacher and a community leader.

Applicants must meet the following requirements:

1. Be a high school graduate or currently a high school senior in good standing.
2. Have been accepted at an accredited college, university, or dental hygiene program.
3. Are pursuing training in dental hygiene.

D. Nature of Award: A minimum of \$1,000 for one academic year.

E. How to Apply: All scholarship applications are to be sent to the Eastern Shore Dental Society at the address indicated on the application by July 1st. The following are required for an application to be considered by the Advisory Committee:

1. A completed scholarship application.
2. Official high school transcript of grades.
3. Letter of acceptance from college, university or program.
4. Three letters of recommendation from non-family members (dentist, teacher, community leader).
5. Applicants must complete a 200 word handwritten essay describing their personal character, leadership skills, and the reasons for their interest in joining the dental profession. The essay must be handwritten, neat and concise.
6. Applicant may be required to be interviewed by the Scholarship Advisory Committee.

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APPLICATION

Student Name _____
Last First M.I.

Permanent Address _____
Street
City State Zip

Telephone _____ **Social Security Number** _____

How long have you been a resident of your County? _____

High School _____ **Graduation Date** _____
Month/Year

Address Telephone

**Program, College or University
for which aid is requested** _____

Address Telephone

Entrance Date _____

Required Attachments:

- 1 – A handwritten essay as required in the Scholarship Award Guidelines.
- 2 – Three letters of recommendation as required in the Scholarship Award Guidelines.
- 3 – Copy of official high school transcript of grades.
- 4 – A completed scholarship application.
- 5 – Letter of acceptance from college, university or program.

Mail Application To:

Scholarship Advisory Committee Chair
c/o Executive Director
Eastern Shore Dental Society
38213 Keenwik Rd
Selbyville, DE 19975

APPLICATION DEADLINE: July 1st

I certify that I am a legal resident of _____ County, State of Maryland and that all information on this form is true and complete to the best of my knowledge.

Student / Applicant Signature Date

Parent / Guardian Signature (If applicant under age 18) Date