



## CAMPBELL ORTHODONTICS SCHOLARSHIP

Form must be typed or legibly printed

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ High School: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Date due: \_\_\_\_\_ (Include month, day, and year of graduating year)

Scholarship: A \$500.00 one-time scholarship made out to your college or university.

Eligibility: High school senior with academics in good standing. Must be planning to attend a college or university, entering the dental field (i.e. dentist, assistant, hygienist . . .).

QUESTIONS TO ANSWER:

1. What has inspired you to pursue your specific interest in the dental field and how do you plan to achieve these goals?
2. How do you feel you could contribute to society and the community you live in by working in the dental field?

RULES: Only applications that conform to the rules will be considered. Your essay will not be returned.

1. Send official high school transcript along with you application.
2. Answers must be typewritten or computer generated with double spacing on one sheet of paper.
3. Send by regular mail. Special, signed for deliveries will not be accepted. All applications must be postmarked no later than March 31, 2009.

Answers to questions should support your educational goals. Give specific information on experience or steps taken toward your goal. Judging will emphasize correct spelling and punctuation.

SEND TO: Campbell Orthodontics  
434 Lancaster Dr. NE  
Salem, Oregon 97301

I, Certify that the accompanying answers are solely my own work, that I have read and understand the conditions set forth, and that I agree to accept the decision of the judges as final.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_