



Tye Family Dentistry

Tye Family Dentistry Commitment to Care Scholarship

Purpose: To provide (1) \$1,000.00 scholarship to deserving youth that are active in supporting the community in which they live and show an eagerness to achieve through knowledge by intending to pursue post high school course of study at either college/university or other post-secondary educational institution.

1. DEADLINE for scholarship applications is Friday, July 17th (no exceptions)
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed (1.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
4. If any question does not apply to you in this application, please put N/A in the space.
5. Type or print legibly. Illegible applications will be returned to you.
6. The scholarship winner will be notified on Friday, July 31st
7. Scholarship funds will only be awarded to the student upon receipt of registration in an accredited post-secondary institution.
8. If you have any questions about the application, please email tyefamilydentistry@gmail.com.

Criteria:

1. Applicant must be a current patient of Tye Family Dentistry.
2. Applicant must be a graduating high school senior or enrolled in an accredited post-secondary institution in the year of the scholarship award.
3. Applicant must demonstrate scholarly achievement and community involvement determined through verifiable accomplishments.

Application Process:

Applicant must submit the following items:

1. Completed application form
2. Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation of career goals and biographical (background) information.
3. An official and recent high school or college/university transcript with cumulative GPA.
4. Proof of college acceptance or current student enrollment.
5. Letter of recommendation (Mentor, teacher, coach, or someone who has overseen your community/volunteer work).

6. Personal Essay. In 500 words or less, choose **1** of the following 2 topics:

- **What does contributing to your community mean to you, and how do you see yourself doing so in the future?**
- **What experiences have shaped your career aspirations, and how have they prepared you for your future goals?**

Deadline for the application is Friday, July 17th. Applications postmarked after this date will not be considered.

Please mail OR submit application in person to:

**Tye Family Dentistry Scholarship Committee
20377 Hall Road
Macomb, MI 48044**

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| 10. | Name and city of other High schools attended: | Number of years Attended: |
| 11. | List the name of any AP/Honor/College classes you have attended: | |
| 12. | What specialty/major and/or minor do you plan to study as you continue your education? <hr/> | |
| 13. | What are your educational and professional goals and objectives? | |
| 14. | List your academic honors, awards, and membership activities while in high school or college: | |
| 15. | List your community service activities, hobbies, outside interests, and extracurricular activities: | |
| 16. | Personal Essay Choose 1 of the 2 topics above-500 words or less. Submit your response on additional sheet with this application. | |

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| 17. | <p>The following items must be attached to this completed application to qualify to be reviewed by the scholarship committee.</p> <ul style="list-style-type: none">✓ Proof of college acceptance or current student enrollment✓ Letter of application✓ Most recent official high school or official college transcript. (Photocopies are not acceptable.)✓ Letter of recommendation✓ Personal essay. |
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STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for the purpose of promoting the Tye Family Dentistry Scholarship Program.

I hereby understand that if chosen as the scholarship winner, according to the Tye Family Dentistry Scholarship Program Policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____