



Joplin Dental Care
CRAIG A. HAYES, JR., D.D.S.
Comprehensive Dentistry

Scholarship Application (Deadline March 1st)

Full Legal Name: _____

Street Address: _____ **City, State, Zip Code** _____

Telephone Number: _____

Weighted GPA: _____ **Class Rank:** _____

Please include a 500 word essay with application explaining interest and goals in healthcare.

Counselor Comments: *(for your counselor to fill out)*

List any dual credit or dual enrollment courses completed:

Area of Study/Career you want to pursue:

I have completed an application to the following post-secondary opportunities:

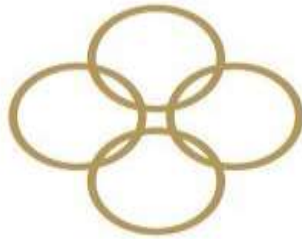
2 Year College

4 Year College

Technical School

Other

I have not completed an application



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Full Legal Name of Primary Parent/Guardian:

Primary Parent/Guardian Relationship:

Mother Father Grandparent Other Relative Other

Full Legal Name of Secondary Parent/Guardian:

Secondary Parent/Guardian Relationship:

Mother Father Grandparent Other Relative Other

Is any member of your family a graduate of Nevada High School?

Yes No

If yes, list their name(s):

Is any member of your family a military veteran? Yes No

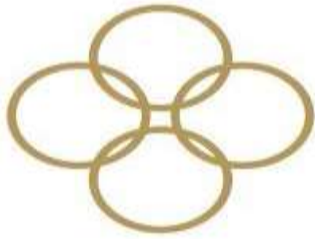
If yes, list their name(s) and branch of service:

Other scholarship applications:

I have been awarded other scholarships

I have applied, but have not received confirmation of other scholarships.

I have not applied for any other scholarships



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***List any club officer positions you held, include grade level.
For example: Library Club President Freshmen***

List any clubs that you participated in:

List any sports you participated in:

List any Honors/Awards received during all four years:

List any community service provided during all four years: