



CASSINELLI, SHANKER & BAKER
Specialists in Orthodontics and Dentofacial Orthopedics

Scholarship Application

Applicant's Full Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Name of Parent/Guardian: _____ Relationship: _____

Date of Birth: _____

High School You Are Currently Attending: _____ Grade: _____

Date of Expected High School Graduation? _____

Current High School Non-Weighted GPA _____ Current Weighted GPA _____

Class Rank _____ ACT/SAT score _____

College or University you will attend: _____

Field of Study/Major: _____

How did you hear about the scholarship program? _____

Tell us about yourself. What are your interests and hobbies? _____

List any high school extra-curricular activities you have participated in and include approximate

dates _____

List any community service activities you have participated in during your high school years, include

approximate dates _____

List any part-time or full-time jobs you held during high school _____

What are your career goals? _____
