

**Associate Implant & Family Dentistry**  
**“Cultivate Your Community” Scholarship -\$1000**  
**2019-2020 Application**

Due April 3, 2020

Education extends beyond the bounds of the classroom. As writer Wendell Berry said, “It is not from ourselves that we learn to be better than we are.”

**How have you been an active member of your community, how has that affected you as a person, and what is the importance of community to you?**

**Write 500-1500 words in an essay explaining answering these questions.**

Attach Essay Separately

**Eligibility:** Must be a graduating 2020 senior from Whatcom County planning to further his/her/their education at an accredited vocational technical college, community college, or a 4-year university.

**Submit 2 letters of recommendation:** (1) from a teacher or staff person at the high school, and (1) from a member of the community.

**Deadline:** The completed application must be submitted to the office at Associate Implant & Family Dentistry no later than April 3, 2020 at 5 pm or it may be submitted with postmark no later than April 3, 2020 to:

**Associate Implant & Family Dentistry**  
**2901 Meridian St**  
**Bellingham, WA 98225**

**Applicant info:**

Name:

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Address:

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\_ Email:

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Phone:

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\_ High School:

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College/University planning to attend:

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Prospective Major:

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School Recommendation Letter written by:

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Community Recommendation Letter written by:

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**Certification and Permission to use “Recipient Information” to announce scholarship winners:**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in the termination of any scholarship monies granted.

I agree that when I am offered and accept an award from Premier Dental Center it may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the public relations of Premier Dental Center.

Applicant's signature:

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Parent/Guardian signature:

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Date:

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**For more information regarding this scholarship application, please contact Tommy Calderon, Marketing & Public Relations Manager, directly at (360) 671-7228 or by email at: [tommy@dentistferndale.com](mailto:tommy@dentistferndale.com)**