

# **Leland Dental Scholarship**

## **ESSAY**

(Essays should be 1 full page, typed, single spaced, and in a 12 pt font)

Please answer: What are your career aspirations and why should you be chosen for this scholarship?

## **REQUIREMENTS**

All applicants must provide a valid high school transcript

All applicants must submit 2 letters of recommendation (1 academic and 1 personal)

All applicants must have a minimum overall GPA of 3.0 to be eligible

Applications must be postmarked by:

**April 15.**

Any applications received later than this date may not be considered eligible.

Application should be addressed to:

**Leland Dental**

**Attn: Leland Dental Scholarship Committee**

**51 Mill Street, Suite 10**

**Hanover, MA 02339**

**781-826-8395**