



Main Street Dental Clinics

mainstreetdentalclinics.com

Scholarship Award 2025-2026

Main Street Dental Clinics are limited liability companies with administrative headquarters located in Blooming Prairie Minnesota. Main Street Dental Clinics are an organization of five Dental Clinics. The partners include Christopher J. Stenzel, Robert S. Kess, Chad M. Hanson, Brian S. Burmeister, Osman Swedeh, Jonathan R. Fabian, Daniel M. Schafer, Jeff D. Campbell and Matthew J. Worke.

It is a goal of the Doctors and Staff of Main Street Dental Clinics that students seek careers in the dental profession. Dentistry offers an individual the opportunity to help improve the dental health and overall well-being of our communities.

Careers available in dentistry include:

- 1) Dental Laboratory Technician
- 2) Dental Hygienist
- 3) Dental Assistant
- 4) Dentist
- 5) Dental Therapist

Main Street Dental Clinics would like to offer a \$1,000.00 scholarship to a high school graduate who is interested in a future career in dentistry. The requirements for the scholarship are as follows.

A) Applicant must be an active patient of record at one of the Main Street Dental Clinics in Blooming Prairie, Owatonna, Rochester, New Richland, or Mankato.

B) Application from the student/patient is required describing why they are interested in dentistry and indicating the chosen dental career from the admitting undergraduate institution.

C) MSDC Doctors will review the applications and award the top 5 with a \$1,000.00 check.

There will be a maximum of five (5) scholarships awarded total per year. Scholarships will be awarded on a first-come basis.

D) There will be no applications accepted after May 1st

Please mail your completed application to:

Main Street Dental Clinics
% Katie Ingvalson
405 East Main Street
Blooming Prairie, MN 55917

Questions, please contact Katie (hr@mainstreetdentalclinics.com) or by phone at 507-572-0007.

The Doctors and Staff of Main Street Dental Clinics



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2025-2026

Applicant's Name: _____

Mailing Address: _____

Email address: _____

Applicant's Cumulative GPA: _____

College Attending: _____

Intended Course of Study: _____

Patient of record at which location: _____

What interests you about the dental profession? Which dental career are you wanting to pursue?

Please list any academic honors you have received in grades 9-12.

Please list any other clubs or activities you have participated in or been part of in grades 9-12 either at the high school or in the community.

Applicant's Signature: _____

Date:

DUE DATE: May 1st