



PROGRESSIVE DENTAL, PLLC



"Dentistry for All Ages"

Dr. Sonny Spera Dr. Brian Blanchard
Dr. Matthew L. Franklin Dr. Oreida Quinones Dr. Stephen Sheffield

APPLICATION

13TH ANNUAL PROGRESSIVE DENTAL

COMMUNITY SCHOLARSHIP

Name _____ Phone number _____

Address _____ High School _____

Please List Participation in Extracurricular or Community Activities:

1 _____

2 _____

3 _____

4 _____

5 _____

Planned College or University _____

Intended major of study _____

Please return this application with the following:

- a) High School Transcript
- b) Single page essay describing why candidate should be awarded scholarship
- c) Appropriate Letters of Recommendation (2)

Application Deadlines: April 15

Selection : May 15

101 S. Broad St., Norwich, NY 13815

607-334-8666 Fax: 607-334-6662

Progdentnorwich@aol.com

Progressivedentalny.com