

BARRAS FAMILY DENTISTRY
SCHOLARSHIP APPLICATION

INSTRUCTIONS:

Please complete this form and return to the address at the bottom of this application no later than **July 1** annually. To be considered you must submit all required information by this date.

BIOGRAPHICAL INFORMATION

Name: _____
(First) _____ (Middle) _____ (Last) _____
DOB: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ E-mail: _____
Are you a patient of Barras Family Dentistry? _____
Name of Parent: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____

College to be attended: _____ Location: _____

EDUCATIONAL BACKGROUND

High School: _____ Location: _____
Date of High School Graduation: _____
High School Cumulative GPA (on the 4.0 scale) _____
Rank in Class: _____ Out of how many: _____
SAT Results: V: _____ M: _____ W: _____ Total: _____ and/or ACT: _____

Honors/Awards: (PLEASE be specific- do not state "refer to resume")

Academic Awards:

Sports Participation/Honors:

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Membership activities/honor societies:

Community service/extra-curricular activities:

Other noteworthy honors:

Professional Aspirations and Personal Statement:

(This professional aspirations/personal statement is to be included on a separate sheet of paper with this application-please limit your response to one page.)

Provide a brief statement of your educational and career goals and experiences, as well as your professional aspirations. Indicate in which area(s) of study you are considering making your career, and specify how your current academic program and your overall educational plans will assist you in achieving our goal.

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Checklist: Did you include or arrange for the following:

- A. Scholarship application.
- B. 2 letters of recommendation from a teacher, guidance counselor, or community leader who can attest to your academic, social, and personal attributes.
If the letter is submitted by a teacher or guidance counselor, it must be written on school letterhead.
- C. A complete, official, school-issued transcript of grades. Unofficial transcripts will NOT be accepted.
- D. A copy of your diploma/graduation certificate and indication of class rank
- E. A copy of an acceptance letter from an approved college or university.
- F. A copy of your scores on the SAT/ACT (if you are a graduating senior).
- G. A personal statement.

Please mail completed form along with required information to:

Barras Family Dentistry
1700 Kaliste Saloom Bldg 4
Lafayette, LA 70508

NO FAXES ACCEPTED

**APPLICATIONS AND FINAL, COMPLETE, OFFICIAL TRANSCRIPTS AND DIPLOMAS
RECEIVED AFTER JULY 1 WILL NOT BE ACCEPTED**

Distribution of Monies:

The scholarship funds will be paid directly to the scholarship recipient and may be used for tuition, books, fees, room and board, and any other expenses incurred for educational purposes.

STATEMENT OF ACCURACY

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed to promote the office of Barras Family Dentistry scholarship program.

Signature of scholarship applicant: _____ Date: _____



BARRAS FAMILY DENTISTRY

\$1000.00 SCHOLARSHIP

The office of Barras Family Dentistry will be awarding a scholarship to one student wishing to pursue higher education.

Eligibility

There shall be no restriction on any applicant by reason of race, age, creed, color, sex or national origin. The only limitations are the following:

- A. Applicants must be a High school senior or attending Division I college (as a full time student)
- B. Patient of Barras Family Dentistry (current patient of record seen within the last 12 months.)
- C. Applicants must be permanent Louisiana residents
- D. Scholarships are to be utilized at institutions of higher learning
- E. Students must be enrolled as a full-time student during the current school year