



**Dr. Dumore & Team**  
ORTHODONTICS

**Dr. Dumore & Team Orthodontics Senior Student Scholarship**

One of the goals of Dr. Tim Dumore is to encourage our patients to strive for excellence and to promote continuing education. We are pleased to announce our **Dr. Dumore & Team Orthodontics Senior Student Scholarship**.

This scholarship is **\$1000**. It will be awarded to two high school seniors who are either a past or current patient of Dr. Tim Dumore. The scholarship funds will be payable to the university or college of the recipient's choice. We want to invest in the success of our patient's future by providing scholarship funds to help with the financial burden of their further education.

The criteria for selection shall consist of the following:

- Scholarship Application Form
- Letter of Reference from a member of the administration or educational staff at your school
- Letter of Acceptance to secondary education program
- 500 Word Essay –
- Existing or Previous Patient of Dr. Tim Dumore

We invite you to apply for this scholarship and it is our hope that our contribution to your education will encourage you to strive for excellence in your education and in your future.

All scholarship applications must be received to our office, care of Rachel Sullivan, by April 1, 2018. The two recipients will be announced in May 2018.

We wish all Senior Students all the best as they plan for the next chapter of their lives.

Sincerely,

Dr. Tim Dumore

## Scholarship Application Form

Name of Applicant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

High School \_\_\_\_\_

Secondary Education School and Plans \_\_\_\_\_

\_\_\_\_\_

Activities \_\_\_\_\_

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Volunteer Work \_\_\_\_\_

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Honours \_\_\_\_\_

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Ambitions \_\_\_\_\_

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\_\_\_\_\_

**Application Deadline: April 1, 2018.**



**Dr. Dumore & Team**  
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**Dr. Dumore & Team Orthodontics Senior Student Scholarship Essay**

By receiving orthodontic treatment, your parent or guardian has gifted you with a new smile. Tell us in a 500 word essay how this has affected you and how you can pay this gift forward in your own way.

**Name:** \_\_\_\_\_

(first)

(middle)

(last)

(Please attach with your essay)