**Dina Lunken D.D.S., P.C.**                   

Dentistry for Children and Adolescents



Smile

rship

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete application below. Email this application along with either a 350 to 500 word essay, media presentation, or artwork. Submission may be in either Word.doc or PDF or a link to download media presentation. Dina Lunken, D.D.S., P.C. retains the right to use all submissions for promotional use. | | | |
| Name: | |  | |
| Address: | |  | |
| Telephone: | |  | |
| Email: | | DOB: | |
| High School attending/attended: | | Year of Graduation: | |
| How long have you lived in the Illinois Valley area? | |  | |
| College or University: |  | | |
| Area of study (if undecided please put undecided): | | |  |
| Please tell us where you heard about our scholarship: | |  | |