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

Dentistry for Children and Adolescents

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| Please complete application below. Email this application along with either a 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: |  |