

2021

Frowns 2 Smiles Dental and Healthcare Services, Inc.®



YVONNE TYLER MEMORIAL SCHOLARSHIP

Application Process:

Applicant must submit the following items:

1. Completed application form type or written (if handwritten, please print legibly) in a sealed 9x12 envelope addressed to the Scholarship Committee.
2. Proof of school acceptance or current enrollment
3. Three (3) letters of recommendations from your choice of high school teachers, administrators, counselors, employers, or individuals with significant knowledge of applicant's experience and involvement.
4. An official and recent high school transcript with cumulative grade point average and a class standing/rank.
5. Personal Essay. In your essay, please answer the question on the enclosed essay form. "***The importance of healthy cooking?***"
6. Individual Photo
7. Resume

Deadline for the application is Monday, **May 31, 2021 at 5:00pm**. Incomplete forms and Applications postmarked after this date will not be considered. **No Exceptions!**

Frowns 2 Smiles Dental & Healthcare Services, Inc.
Attn: Scholarship Committee
P.O. Box 621
Upper Marlboro, MD 20773

If you have any questions concerning the application please send an email to:
scholarships@frowns2smiles.org or call (800) 851-9660

Frowns 2 Smiles Dental & Healthcare Services, Inc.

YVONNE TYLER MEMORIAL SCHOLARSHIP AWARD

The major thrust of the Frowns 2 Smiles Dental & Healthcare Services, Inc. (F2SDHS) Scholarship Award is to assist young adults pursuing academic excellence beyond their senior year in high school, and to encourage their active participation upon graduation in the activities of the community in which they live. The Award is to be used for tuition and/or college expenses.

OPERATIONAL PROCEDURES

1. An announcement of the procedures and an application for applying for a F2SDHS Scholarship Award will be provided by the F2SDHS Scholarship Committee to all high schools located in Prince George's County, Maryland prior to April 1st of each year.
2. The F2SDHS Scholarship Award will be made in two payments — one for the fall semester and the second payment contingent upon acknowledgment of GPA and confirmation that recipient will be attending school for the second semester.
3. The Scholarship Award recipient(s) will be determined by the F2SDHS Scholarship Committee on or before June 1st of each year.

CRITERIA

1. The Scholarship will be awarded to a graduating senior from a high school in Prince George's County, Maryland or a returning college student.
2. Applicant must provide proof of acceptance for admission and confirmation from the University or College of their choice, or be currently enrolled in a University or College.
3. Applicant must submit two (2) letters of recommendation from a school official, instructor, or community leader.
4. Applicant must submit a completed sealed application to the F2SDHS Scholarship Chairman by the deadline indicated on back of the application.
5. Applicant must submit a 350-word essay (double-spaced) along with the Scholarship Application, indicating the reasons for applying for the F2SDHS Scholarship Award; including **"The importance of healthy cooking"**
6. The applicant must submit a Resume
7. The applicant must submit a photo with the application
8. The Award may be used for undergraduate, graduate, trade or technical schools/institutions.

Frowns 2 Smiles Dental & Healthcare Services, Inc., A NON-PROFIT ORGANIZATION, will not discriminate on the basis of race, color, creed, religious opinion or belief, national origin, marital status, gender, age, physical or mental disability, and will provide equal opportunity in the provision of all its services, including Scholarship Awards.

Frowns 2 Smiles Dental & Healthcare Services, Inc.
Yvonne Tyler "HIGHER LEARNING" Memorial Scholarship
Application 2021

Please **type** or **print** your answers. If application is illegible it will be returned to you.

1.	Last Name: _____	First Name: _____
2.	Mailing Address:: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number: () _____	
4.	Date of Birth: Month Day Year	
5.	Current High School: _____	Number of years attended: _____
6.	I will be attending the following school in the <u>Fall of 2021</u> : _____ Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.	
7.	I will be entering the above-mentioned school as a: (Circle one) Freshman Sophomore Junior Senior Graduate	
8.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.	
9.	ACT Score: _____ Or SAT Score: _____ A copy of your ACT or SAT score sheet on official high school transcript is required.	
10.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____	
11.	Name and city of other high schools attended: _____	Number of years attended: _____

12.	List the name of any college you have attended.	Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
	A.				
	B.				
	C.				
13.	What specialty/major do you plan to major in as you continue your education?				
14.	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable)				
	A.	Tuition: Amount: \$			
	B.	Books: Amount: \$			
	C.	Room & Board: Amount: \$			
	D.	Other expenses: Amount: \$		Describe below under comments	
	E.	Other expenses: Amount: \$		“	
Comments:					
15.	List other financial assistance you will receive per semester or quarter:				
	A.	Personal: Amount: \$			
	B.	Other Scholarship(s): Amount: \$		Describe below under comments	
	C.	Grants: Amount: \$		“	
	C.	Student Loan(s): Amount: \$		“	
	D.	Other Financial Resources: Amount: \$		“	
Comments:					

Use an additional sheet if you need more room to list financial information requested in items 14 & 15.

16.	List your academic honors, awards and membership activities while in high school or college:
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17.	List your community service activities, hobbies, outside interests, and extracurricular activities:
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Academic Questions:

18.	What are your short-term career goals? (Example: One to five years after graduation):
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19.	What are your long-term career goals? (Example: Ten years from now):
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20.	What unique circumstances make you an ideal scholarship candidate compared to the other applicants?
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Citizenship Questions:

21.	People help others in many ways: whether through daily interactions or through formal charitable organizations. What is your personal choice in how you help others and why?
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22.	How could those experiences serve as a model for ways in which other groups or organization could serve the community?
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23.	What area of community service/charitable work do you think is the most critical and why?
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24.	Personal Essay Please answer the following question: <i>The importance of healthy cooking?</i> Submit your response on the last sheet provided with this application.
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25.	A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. B. Your application will be returned to you if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item as required.		
	YES	NO	Three (3) reference forms. Return these completed forms in a sealed envelope from your teachers or professors.
	YES	NO	Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds.
	YES	NO	Most recent <u>official</u> high school or <u>official</u> college transcript. Photocopies of your transcript are <u>not acceptable</u> .
	YES	NO	Personal Essay. The importance of education?
	YES	NO	Resume
	YES	NO	Photo

STATEMENT OF ACCURACY

I hereby affirm that all the above stated 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 necessary to promote the F2SDHS scholarship program.

I hereby understand that if chosen as a scholarship winner, according to Frowns 2 Smiles Dental & Healthcare Services, Inc. Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date _____

For Committee Use Only:

Application Received:	Date:	Initials:
Complete:	Incomplete:	
Award Amount:	Semester/Year:	
Notification mailed:	College:	