



## SMALL SMILES SUPPORT BIG DREAMS

### The Dr. David and Mrs. Jennifer Jones SCHOLARSHIP

Dr. David and Mrs. Jennifer Jones are proud to provide three (3) \$1,000 scholarships awarded to three high school seniors that are active patients of Small Smiles, LLC who demonstrate **academic excellence**, are **active participants in athletics**, and **volunteer in their community**.

#### How to Apply for Scholarship

1. Fill out the Application Form completely and sign and date. Incomplete applications will not be accepted.
2. In 500 words, clearly explain **how this scholarship will assist you in achieving your educational and career goals**. Essays must be typed and submitted with completed application form.
3. Applicant **must provide the most recent official high school transcript** including the first semester grades of your senior year.
4. Applicant must provide proof of standardized college entrance exam scores (ACT and/or SAT).
5. Applicant must provide proof of community service as a written note by supervisor or acknowledgement note.
6. Applicant must provide proof of active participation in athletic activities (can be a copied photo, newspaper article, coaches note).
7. Applicant must provide **two (2)** letters of recommendation; one must be from a supervisor, faculty member or other individual knowledgeable with applicant's qualifications. Family members are ineligible.
8. Applications must be postmarked by **June 15, 2010**.
9. Return completed Application Form to:

Small Smiles, LLC  
Attn: Small Smiles, LLC Scholarship Program  
1816 Bay Scott Circle, Suite 104 Naperville, IL 60540

#### Eligibility

1. Current high school senior who is an active patient of Small Smiles, LLC.
2. Applicant must have taken the ACT or SAT examination with proof of performance.
3. Applicant must have proof of acceptance into a two- or four-year academic institution.

#### Procedure/Evaluation

This scholarship is a one-time cash award per recipient payable directly to the college or university in the fall of their freshman year. Funds must be applied toward tuition, room, and/or board. If the recipient withdraws from college, unused funds must be returned to Small Smiles, LLC. The winner will be notified by July 15, 2010. Applications will be evaluated for style and expression as well as content. Conciseness of written remarks is recommended. Incomplete applications will not be accepted. Selected members of the community who are not employees of Small Smiles, LLC, will make the final selection. Employees or family members of Small Smiles, LLC are not eligible.



DAVID L. JONES, DDS  
Specialist In Pediatric Dentistry

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**SCHOLARSHIP APPLICATION** page 1

Applicant Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age : \_\_\_\_\_ Sex:  Male  Female

Home Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Guardian Name \_\_\_\_\_

Guardian Address \_\_\_\_\_

**PERSONAL PERFORMANCE**

Name of High School \_\_\_\_\_

Indicate Grade Point Average (GPA) on a 4.0 non-weighted scale \_\_\_\_\_ /4.0

SAT scores \_\_\_\_\_ ACT cumulative scores \_\_\_\_\_

List significant awards received that indicate the quality of your **academic performance**

Describe your active participation in **athletic activities**

List **volunteer contributions to your community**, school, other organizations or individuals. Include the number of hours of a one-time contribution. If weekly, include average number of hours per week. Include your degree of involvement.



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**SCHOLARSHIP APPLICATION** page 2

**COLLEGE | UNIVERSITY INFORMATION**

Describe your **career goals** and why you have selected the college(s) and/or university(s) to which you have applied.

Indicate the college or university you are planning to attend.  
If applications are still pending, indicate schools to which you have applied.

Intended Major/Minor \_\_\_\_\_

**PERSONAL ESSAY**

In 500 words, clearly explain how this scholarship will assist you in achieving your educational and career goals.  
**Essays must be typed** and submitted with completed application form and two signed recommendations.

**SIGNED RECOMMENDATIONS**

Please provide with your completed application form and typed essay, **two (2) written and signed recommendations**. These recommendations should be 100 words or less. At least ONE of the recommendations must be from a supervisor, faculty member or other individual knowledgeable with applicant's qualifications of academics, athletics or volunteerism. Please note family members are ineligible. In addition, **recommendations not signed will not be accepted**.

I have personally prepared this application and certify it accurately reflects my work.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

We have reviewed this application and believe the information provided is accurate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed