



Joplin Dental Care
CRAIG A. HAYES, JR., D.D.S.
Comprehensive Dentistry

Scholarship Application

Submit to Mrs. Jones, CJHS postsecondary advisor by March 17, 2023

Full Legal Name: _____

Street Address: _____ **City, State, Zip Code** _____

Telephone Number: _____

Weighted GPA: _____ **Class Rank:** _____

Please include a 500-word essay with application explaining interest and goals in healthcare.

Counselor Comments: *(for your counselor to fill out)*

List any dual credit or dual enrollment courses completed:

Area of Study/Career you want to pursue:

I have completed an application to the following post-secondary opportunities:

☐ **2 Year College**

☐ **4 Year College**

☐ **Technical School**

☐ **Other**

☐ **I have not completed an application**

Full Legal Name of Primary Parent/Guardian:

Primary Parent/Guardian Relationship:

☐ Mother ☐ Father ☐ Grandparent ☐ Other Relative ☐ Other

Full Legal Name of Secondary Parent/Guardian:

Secondary Parent/Guardian Relationship:

☐ Mother ☐ Father ☐ Grandparent ☐ Other Relative ☐ Other

Is any member of your family a graduate of Carl Junction High School? ☐ Yes ☐ No If yes, list their name(s):

Is any member of your family a military veteran? ☐ Yes ☐ No

If yes, list their name(s) and branch of service:

Other scholarship applications:

☐ I have been awarded other scholarships

☐ I have applied, but have not received confirmation of other scholarships.

☐ I have not applied for any other scholarships

***List any club officer positions you held, include grade level.
For example: Library Club President Freshmen***

List any clubs that you participated in:

List any sports you participated in:

List any Honors/Awards received during all four years:

List any community service provided during all four years: