



Dr. Kim and Dr. Desai College Scholarship Two \$1,000 Scholarships Awarded

Application Instructions

Please complete the following application form and submit it by July 15th. Late applications will not be accepted.

Mail applications to:

Dr. Kim and Dr. Desai
2989 Dixwell Ave. Suite 1
Hamden, CT 06518

Winners will be notified by August 15th.

Requirements

- Applicant must have had braces or Invisalign with Dr. Kim and Dr. Desai
- Applicant must be enrolled in a 4-year undergraduate program for the upcoming fall semester. (Please provide a copy of your college letter of acceptance.)

Personal Information	
First Name: _____	Last Name: _____
Address: _____ _____	Home Phone: _____
City: _____	Cell Phone: _____
State: _____ Zip: _____	E-Mail: _____

Educational Information
High School: _____

Please describe any Community Service you have been involved with (you may attach extra sheets if necessary):

Essay Question (The essay should be limited to 250 words or less, no exceptions.)
If you had to eat dinner with one famous person, who would it be and why?

I understand that the information I have given is correct to the best of my knowledge and that it will be held in the strictest of confidence.

Signature of Patient: _____

Signature of Parent or Guardian: _____