

**Scholarship Application – Streetsboro High School**

Deadline: May 1st

PLEASE PRINT OR TYPE

Name \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_

List school organizations and activities in which you have participated and note offices which you have held:

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List activities outside of school that you participate in such as church youth group, scouts, volunteer work, etc. and note any office held:

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List employment: (summer or other jobs that may bear on this application):

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Where do you plan you continue your education after high school? \_\_\_\_\_

Have you been formally accepted at the institution listed above?  Yes  No

In what field or major do you plan to study after high school? \_\_\_\_\_

Please submit an original type written essay of no more than 3 or 4 paragraphs that outlines your thoughts as to why the reader should consider you for this scholarship.

Thank you for applying for the Martin W. Layman DDS & Associates Scholarship Achievement Award and congratulations on your impending graduation. You may submit your application via mail, fax, or direct delivery to the office:

**Martin W. Layman DDS. & Associates**  
**Scholarship Achievement Award**  
Liberty Corners  
9330 Market Square Dr., Suite 100  
Streetsboro, Ohio 44241

**Email:** mLayman@LaymanDental.com  
**Fax:** (330) 422-0030  
**Phone:** (330) 422-0011