



Students applying for this scholarship must be a current or past patient of Moin Orthodontics. Complete applications must be submitted to the office no later than **April 30<sup>th</sup>, 2025**.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

High school Attended and Expected Date of Graduation: \_\_\_\_\_

Colleges you are Applying to and Expected Major: \_\_\_\_\_

Activity	Grade level				Approx. time spent:		Positions held or honors won
	9	10	11	12	Hrs/ wk	Wks/ yr	

**ESSAY:** Please type an essay of at least 500 words in response to the following question:

How will your college studies contribute to your immediate or long range career plans? Additionally, how will you use it to give back to your community?

**Please submit 2 recommendations with this application.** Must be written by an adult, non-family member (teachers, coaches, employers), and must tell us why you are an outstanding youth and worthy of this scholarship. In addition, please submit your **high school transcript**.

Decisions will be made by **May 15<sup>th</sup>, 2025**.

765 South Main Street Suite #302 Manchester, NH 03102  
603-669-4503 drmoin@drmoin.com