



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 30th, 2026**.

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 15th, 2026**.

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