

Dr. Rhonda L. Kearney, DDS, MS  
Student Scholarship  
APPLICATION

Contact Email: [service@hendersonpedo.com](mailto:service@hendersonpedo.com)

APPLICATION REQUIREMENTS:

- ✓ MUST be a high school graduating senior graduating from a high school in Warren, Vance, or Granville Counties
- ✓ MUST provide confirmed acceptance for enrollment as a full-time student into a post-secondary institution during the following Fall Semester pursuing an associate's or bachelor's degree.
- ✓ MUST have a minimum 3.0 cumulative grade point average.
- ✓ MUST be active in extra-curricular activities that demonstrate leadership and commitment to the local community.

APPLICATION PROCEDURES:

- ✓ All requested information must be typed.
- ✓ Submit an official transcript that includes grades 9-12. Transcript MUST cite the cumulative grade point average and MUST be signed by a school official and display the official school-seal.
- ✓ Submit proof of acceptance to the post-secondary institution you will attend.
- ✓ Submit two (2) letters of recommendation from two different sources. Persons writing recommendations should specify their relationship to the applicant or the capacity in which they know or have observed the applicant, i.e. teacher, principal, community leaders, mentor, etc.
- ✓ Your Application Package should only consist of the following:
  1. Pages 3-6 of the Application.
  2. The college acceptance letter.
  3. The transcript.
  4. Two letters of recommendation.

\*\*\* Please scan completed application into a file and send it via e-mail to the email address listed on the cover page by Thursday, April 28, 2022\*\*\*

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NOTICE TO APPLICANT:

- All information on the application form is considered confidential.
- All submitted material becomes the property of the Dr. Rhonda L. Kearney, DDS, MS Student Scholarship Committee.
- Neither Dr. Rhonda L. Kearney nor her dental staff chooses the recipients. The recipients are chosen by an independent committee and do not entertain bias or influence in the selection process.
- APPLICATIONS SUBMITTED WITHOUT THE REQUESTED INFORMATION, INCLUDING SIGNATURE AND OFFICIAL TRANSCRIPT, WILL BE DEEMED INCOMPLETE AND WILL NOT BE CONSIDERED.
- Applicants must provide an explanation of their school's grading system, if different from a 4.0 Scale.
- The Dr. Rhonda L. Kearney, DDS, MS Student Scholarship Committee will send a one-time amount of \$1,000.00 directly to the post-secondary institution in the name of the chosen applicant. The committee will need any information necessary to submit the monies directly to the post-secondary institution (ex. student ID number). The scholarship will be applied to expenses for tuition, fees, and/or books. The scholarship is awarded directly to the post-secondary institution prior to the beginning of 2022 Fall Semester.

APPLICATION DEADLINE: Thursday, April 28, 2022

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**APPLICATION FORM**

Please supply all requested information. Applications must be completed and returned to the e-mail address above by: **Thursday, April 28, 2022**

*Please read the entire section before completing the application.*

Applicant Information

Name: \_\_\_\_\_  
Last First Middle Preferred

Permanent Address: \_\_\_\_\_

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

***Please include a transcript with your application.***

Name of High School Presently Attending

\_\_\_\_\_  
(High School Name) (City)

Current High School Grade Level: \_\_\_9<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_11<sup>th</sup> \_\_\_12<sup>th</sup> Cum. G.P.A. \_\_\_

List the name of the college/university accepted to and will be attending

\_\_\_\_\_  
(College/University) (City)

Academic year: Fall Sem. 20\_\_ Spring Sem. 20\_\_

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**APPLICATION FORM**

Parent/Guardian Information

Parent #1 Name: \_\_\_\_\_  
Last First Middle Preferred

Permanent Address: \_\_\_\_\_

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

Parent/Guardian Information

Parent #2 Name: \_\_\_\_\_  
Last First Middle Preferred

Permanent Address: \_\_\_\_\_

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

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School Activities

Please list extracurricular activities in which you have participated during the past four years of high school. Include clubs, sports, student government, fine arts, etc. *Print multiple sheets if there are more than 4 activities.*

Activity	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Approx time hrs/wk wks/yr	Leadership positions, awards, recognition, etc

Community Service and Hobbies/Interest

Please list community service activities, and personal hobbies or interest activities in which you have participated during the past four years of high school. Include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time. *Print multiple sheets if there are more than 4 activities.*

Activity	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Approx time hrs/wk wks/yr	Leadership positions, awards, recognition, etc

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**Work Experience**

List any work experience (including self-employment) you have had during the past four years. Include summer jobs as well as employment during the school year. Complete this information beginning with your most recent work experience. *Print multiple sheets if there are more than 4 activities.*

Activity	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Approx time hrs/wk wks/yr	Leadership positions, awards, recognition, etc

**Essay Questions**

On a separate page, write 2-3 paragraphs for each of the questions below.

- 1) What major(s) would you like to pursue? Why?
- 2) Explain how your education in Warren/Vance/Granville County has prepared you for college.

**Consent**

I HEREBY CERTIFY that all statements made herein, and on any attachments enclosed herein, are complete and accurate to the best of my knowledge. The undersigned hereby irrevocably consent to and forever authorize the Dr. Rhonda L. Kearney, DDS, MS Student Scholarship Committee or anyone authorized by the Dr. Rhonda L. Kearney, DDS, MS Student Scholarship Committee the absolute and unqualified right to use data relating to the undersigned in any manner the Dr. Rhonda L. Kearney, DDS, MS Student Scholarship Committee desires, including, without limitation, the right to use such material, etc., in any advertisement, publicity, newsletter or other publications or broadcasts. In addition, the undersigned hereby release and discharge the Dr. Rhonda L. Kearney, DDS, MS Student Scholarship Committee from any and all claims and demands that the undersigned may have now or in the future, which arise out of or in connections with the use of such materials. (If applicant is under age 18, parent/guardian signature is required).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Contact Email: [service@hendersonpedo.com](mailto:service@hendersonpedo.com)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Before submitting this application, please make a copy for your records.
- Insert all attachments inside the application and clearly indicate your name on the top right corner of all documents.
- Do not use staples, since applications may be photocopied by the review committee.

**Application must be completed and returned to the e-mail address by Thursday, April 28, 2022**