



**Dr. Roger Van Der Vorste Fund**

**Scholarship Application Form**

**IT IS IMPORTANT TO COMPLETE ALL INFORMATION REQUESTED ON THE APPLICATION.**

Eligibility requirements for the Van Der Vorste Scholarship:

- The applicant must be a Marshfield area resident. Communities within the Marshfield area include but are not limited to Arpin, Auburndale, Blenker, Chili, Granton, Greenwood, Hewitt, Loyal, Marshfield, Neillsville, Spencer, Stratford, and Unity.
- Applicants must be enrolling in a program of study leading to a degree in Dentistry or Dental Hygiene.
- The applicant must be scheduled to be enrolled as an undergraduate on a full-time basis in one of the following: the University of Wisconsin System, the University of Wisconsin Colleges, the Wisconsin Technical College system, Marquette University, or the University of Minnesota.

Basis of Selection:

- The recipients shall be selected on the basis of one or more of the following: prior academic performance, performance on tests designed to measure ability and aptitude for higher education, and recommendations from instructors or other individuals not related to the potential recipient.

Scholarship Renewal:

- A scholarship may be renewed one time provided that the recipient maintains an academic performance satisfactory to the Scholarship Selection Committee.

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_ Phone \_\_\_\_\_

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

High school(s) attended \_\_\_\_\_

Institution you will be attending in scholarship year \_\_\_\_\_

Are you currently enrolled or have you been accepted for the coming term? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list at least two individuals whom you have asked to serve as references for you:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to you (employer, colleague, teacher, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to you (employer, colleague, teacher, etc.) \_\_\_\_\_

**ON SEPARATE PAPER, PLEASE COMPOSE A BRIEF ESSAY DESCRIBING YOUR ACADEMIC GOALS AND WHY YOU ARE APPLYING FOR THE VAN DER VORSTE SCHOLARSHIP.**

**THE COMPLETED APPLICATION MUST INCLUDE A HIGH SCHOOL TRANSCRIPT, ACT SCORES, AND AT LEAST ONE LETTER OF REFERENCE. *Please include your name on each page and number all the pages included with your application.***

Applications must be received or postmarked no later than March 15, 2018

Scholarship Recipients will be notified.

*Send completed application and all correspondence to:  
Marshfield Area Community Foundation, PO Box 456, Marshfield, WI 54449  
Phone: 715/384-9029*