



# MILL CREEK

## CHAMBER OF COMMERCE

### SCHOLARSHIP APPLICATION 2022

**Applicant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

email address \_\_\_\_\_

**Address** \_\_\_\_\_

Phone number \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Applicant's School Name:** \_\_\_\_\_

**Graduating Class Year** \_\_\_\_\_

**G.P.A.,** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_

**College/University of acceptance** \_\_\_\_\_

Student ID# \_\_\_\_\_

**In City, State** \_\_\_\_\_ **Entering** \_\_\_\_\_

Complete address \_\_\_\_\_

**Intended Course of Study or Major** \_\_\_\_\_

**Other Areas of Academic Interest:** \_\_\_\_\_

**Activities, Awards, Offices held in High School (use additional sheet if needed)**

**Freshman:** \_\_\_\_\_



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**Sophomore:** \_\_\_\_\_

**Junior:** \_\_\_\_\_

**Senior:** \_\_\_\_\_

**Extra-curricular Activities/Sports/Clubs:** \_\_\_\_\_

**Civic Organizations/Community Service:** \_\_\_\_\_

**Other Accomplishments of Note:** \_\_\_\_\_

Your typed essay describing your academic and career plans must include a description of your financial need and be received NLT May 14, 2021  
Send the completed application via pdf. attachment to:  
drmichael@theforumdentalgroup.com. If you are unable to send it via attachment, you may mail it to:  
Dr. Michael LaMarche  
Mill Creek Chamber Scholarship Chairman  
15129 Main Street, Suite 202  
Mill Creek, WA. 98012



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All Information provided is accurate and complete

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Parent's Signature and Date

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
School Career Counselor's Signature and Date

Read the requirements carefully. Incomplete applications will be disqualified without contacting the applicant. The completed application must be postmarked or personally delivered not later than May 2, 2022, and include:

- 1) Downloaded completed application form
- 2) Two letters of recommendation from teachers or other adults (relatives excluded)
- 3) Letter of acceptance from a college or University
- 4) Essay of 250 words or less on your education or career plans. Tell us about yourself: why should you be awarded a scholarship? What are your financial needs? Does your academic record show that you have improved over the years?

**MAIL TO:**  
MCBA Scholarship Committee  
C/O Dr. Michael LaMarche  
15129 Main Street, Suite 202  
Mill Creek, WA. 98012

Questions? (425) 357-1818  
E-Mail: [drmichael@theforumdentalgroup.com](mailto:drmichael@theforumdentalgroup.com)