



Taylor Patterson Memorial Foundation Dental Assistant Scholarship Application 2025

The **Taylor Patterson Memorial Foundation** is a 501(c)(3) nonprofit organization awarding scholarships to individuals pursuing a degree in Dental Assisting. This scholarship provides a \$1,500 grant for the first year, with a renewable second-year grant of \$3,000, contingent upon maintaining a GPA of 2.0 or higher.

Priority Deadline: Submit this application by **May 1, 2025**, to maximize your chance of receiving scholarship funds for the 2025 school year. Applications received after **May 1, 2025**, will be placed on a waitlist.

Mail to: Taylor Patterson Memorial Foundation
P.O. Box 61
LaGrange IN. 46761

Eligibility Criteria:

- Pursuing a degree in Dental Assisting.
- Demonstrated scholastic excellence.
- Participation in leadership roles.
- High school graduate or GED holder.
- Resident of or high school graduate from LaGrange or Noble County, Indiana.
- Enrolled in a Dental Assisting program.
- Minimum GPA of 2.0 or higher (on a 4.0 scale).
- Submission of a 300–500-word essay.

Applicant Information

Name

First: _____

Last: _____
Middle: _____

Date of Birth: _____

Contact Information

Home/Cell Phone: _____
Mailing Address Line 1: _____
Mailing Address Line 2: _____
City: _____
State: _____
Zip Code _____
County of Residence _____

Educational Information

High School Attended: _____
GPA: _____
Program of Study/Major: _____
Intended School: _____

Essay Requirements

Please write a 300–500-word essay addressing the following points:

1. Why you chose Dental Assisting as your career path.
2. How you see yourself making an impact on the lives of others and your community.
3. Any extracurricular activities or awards you have received.
4. Community activities you are involved in.
5. What makes you unique.

Scholarship Policy

1. Scholarship recipients must submit an Award Acceptance Form to the Taylor Patterson Memorial Foundation, Inc.
2. Must be enrolled in an accredited university or school within the United States.
3. Recipients are expected to remain in good academic standing throughout the scholarship period.

4. First-year recipients will receive \$1,500 after providing proof of enrollment in a accredited Dental Assisting program.
 5. Second-year recipients will receive \$3,000 upon providing proof of re-enrollment in the same program and maintaining a GPA of 2.0 or higher.
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Certification

I certify that the information provided on this application is complete and accurate. By signing below, I give the Taylor Patterson Memorial Foundation, Inc., permission to announce my name publicly as a scholarship recipient.

Signature: _____

Date: _____