



TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## AGAPE SCHOLARSHIP APPLICATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- ☐ Please check box if it's ok for us to use your photo to share your story  
☐ Please check box if it is ok for us to use your first name to share your story

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 1. What is your main dental concern?

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### 2. How long has it been since your last dental visit **BEFORE MDM?** \_\_\_\_\_

➤ And what did you have done? \_\_\_\_\_

- 3. It is our greatest desire to restore hope, health, and opportunity in our clinic. Generous donors within and beyond Mercy Dental Missions make our scholarship awards possible. Each application is carefully reviewed, and due to the competitive nature of the program, we encourage you to share your story openly and in detail. Priority is given to the most compelling and thorough applications. Please tell us about yourself, your dental history, and how financial hardship has impacted your life and led you to postpone or neglect dental care:**

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\_\_\_\_\_ ...continue on back if needed.

**(MDM Use Only)** Date, Award Amount, Treatment Performed, Patient Portion Invested:

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This image shows a full page of blank handwriting practice paper. It features approximately 20 horizontal blue lines spaced evenly across the page. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings on the page.