

SOISTMAN



FAMILY DENTISTRY & ASSOCIATES

SOISTMAN FAMILY DENTISTRY SCHOLARSHIP

SPIRIT OF SOISTMAN FAMILY DENTISTRY SCHOLARSHIP

This Scholarship Fund was established by Dr. Jonathan T. Soistman of Soistman Family Dentistry & Associates in 2017. The fund will award five, \$1,000.00 scholarships and five \$500.00 scholarships to two members of the graduating classes of Queen Anne's County High School, Kent Island High School and Easton High School, Saint Michaels High School, and North Caroline High School. This scholarship fund is specifically developed to help offset the increasing tuition costs of higher education for deserving students who qualify with the below requirements.

Dr. Soistman was raised in Cordova, Maryland and earned his Bachelor's of Science degree from Towson University in 2006. He graduated from the University of MD in 2011 with his Doctorate in Doctor of Dental Surgery (DDS). Practicing since 2011, Dr. Soistman established Soistman Family Dentistry & Associates in Centreville, MD in October 2015. He believes that having an opportunity to seek higher education along with participation in school, athletics, extracurricular activities and one's community contributes to the development of a person of character and integrity. This scholarship is intended to support students who have demonstrated a desire to attain a higher education, have exhibited a motivation and plan to reach and achieve their goals in the next 10 years, and have shown an understanding and appreciation of participation in their community. Selection of this scholarship is based upon interest and potential for success in pursuing a degree through associates, bachelors or other programs like community college and trade schools.

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METHOD OF SELECTION

Selection of this scholarship is based upon interest and potential for success in pursuing a degree through associates, bachelors or other programs like community college and trade schools. *All applications must be submitted by mail to Soistman Family Dentistry, % Soistman Scholarship, 400 Marvel Court, Easton, MD 21601 no later than April 30, 2021.* The Soistman Scholarship Committee will make the selection of the scholarship recipient. The recipient will be announced and honored at the annual Senior Awards Night held by their respective school. The recipient is responsible for presenting Soistman Family Dentistry with their proof of acceptance at a college/university/trade school. Students should submit their name, address and college student ID # along with the name and address of the college or university that is to receive payment. A check will be mailed to the recipient's college. Must be completed by August 1, 2021.

This scholarship is weighted heavily on the essay portion of the application. Applicants should submit a one page essay on their future plans and where they see themselves in the next 4 years, and more specifically their 10 year plan. Essay Questions: "What is your version of being 28 years old and what does that version look like? How will these next 4 years impact and shape that version?"

QUALIFICATIONS:

- ★ Member of the QACHS/KIHS/EHS/SMMHS/NCHS graduating class of 2021
- ★ Minimum 3.0 GPA
- ★ Current/New Patient of Soistman Family Dentistry & Associates prior to the deadline Scholarship (preferred not required)
- ★ Completed Application (pages 2 and 3)
- ★ Official Transcript with Fall 2020 grades and Class Rank
- ★ Student Resume
- ★ Two letters of Recommendation from Teachers, Counselors or Community Leaders

SELECTION CRITERIA:

- ★ Community / School Involvement
- ★ Academic Record
- ★ Essay Section
- ★ Character of Applicant



SOISTMAN FAMILY DENTISTRY SCHOLARSHIP APPLICATION

All applications **MUST** be received, by mail, or in person to Soistman Family Dentistry & Associates, C/O Soistman Scholarship, 400 Marvel Ct Easton, MD 21601 by April 30th, 2021. If you have any questions, please email soistmandentistry@gmail.com

PART I - APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Applicant's Last Name		First Name	Middle Initial
Address			
City		State	Zip Code
Home Phone #		Date of Birth	G.P.A (Attach H.S Transcript)
High School Attended NCHS _____ SMMHS _____ QACHS _____ KIHS _____ EHS _____			

Name of College, Vocational or Trade School you have been accepted to and will be attending		Phone #
Address		
City		Zip Code
Major		

Parent/Legal Guardian Name		
Address		
City		Zip Code
Home Phone #	Work/Cell Phone #	Length of time lived in Queen Anne's, Talbot County, or Caroline County
Household Income Below \$40,000 _____ \$40,000 to \$70,000 _____ Above \$70,000 _____		

PART II - EXTRACURRICULAR ACTIVITIES (PLEASE PRINT CLEARLY AND ATTACH NECESSARY DOCUMENTS)

List any activity you participate in that demonstrates community leadership, involvement and/or volunteer service:
List any memberships or positions held in school-related organizations (i.e. Honor Society, Science Club, Year Book, Treasurer, etc.):

List any outside organizations or memberships you are currently associated with:

List any job experience in the past 3 years (i.e. after school, summer, etc.):

List any awards received for school or community involvement:

PART III - ESSAY

Write a ONE PAGE essay on the following questions:

Where do you see yourself in the next 10 years? What's YOUR version of being 28 years old, and what does it look like? How will your next 4 years impact this version and where do you see yourself at the end of 4 years?

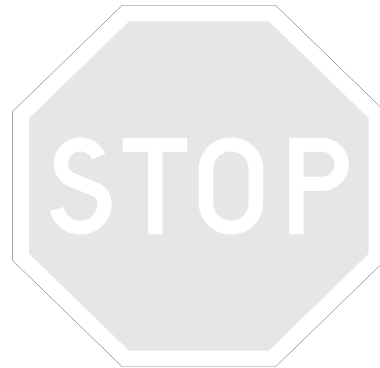
Essay must be typed, double spaced in Times New Roman 12 inch font. Please attach your essay to this application, labeled "Essay for Application".

PART IV - LETTERS OF RECOMMENDATION

Include two (2) letters of recommendation from teachers, counselors, community leaders, etc. (please do not include friends or relatives).

References must:

- * Include why they believe you are a great candidate for the Soistman Family Dentistry Scholarship
- * Be typed, with signature of reference and dated
- * Attached with this application



PLEASE REMEMBER TO INCLUDE:

- Official Transcript including grades for Fall 2020 and Class Rank
- Personal Resume (if available)
- Application completed in entirety with legible print (Part I - Applicant Information, Part II - Extracurricular Activities and Part V - Signature)
- ONE Page Essay, Typed, Double Spaced in Times New Roman 12 inch Font (Part III - Essay)
- Two Letters of Recommendation from teachers, counselors, community leaders, etc. (Part IV - Letters of Reference)

PART V - SIGNATURE

By signing this form, I hereby grant Soistman Family Dentistry the unconditional right to use my name, post my basic information (First and Last name, School Affiliation, etc.), photographs, essay submission, in relation with press releases and/or publications. I also certify that I have read and meet the eligibility requirements for the Soistman Family Dentistry

Signature of Applicant: _____

Date: _____

Applicant Name: _____