



## Dr. Jeff Heitner Health Sciences Scholarship Guidelines

Prairie Dental Group has always placed a strong emphasis on personal growth, or as we call it -CANI. (Continuous And Never-ending Improvement). As a leader in dentistry for more than 30 years, Dr. Jeff Heitner was an exemplary model of this philosophy. His dedication to growth was apparent through his long-time involvement with study clubs and attendance at countless continuing education opportunities.

Dr. Heitner's dedication to oral healthcare and efforts to expand his knowledge cultivated admiration and strong relationships with his colleagues within the dental community, his staff, and most of all, with his patients. Prairie Dental Group awards the Dr. Jeff Heitner Health Science Scholarship each year to honor his admirable work.

- The Dr. Jeff Heitner Health Science Scholarship is available in the amount of \$500, funded by Prairie Dental Group. One scholarship recipient is selected annually in the spring.
- The scholarship applicant must currently be a Prairie Dental Group patient, pursuing an education in the health sciences at an accredited institute of higher education. This includes high school seniors, as well as those students further along in their health science education.
- The scholarship must be used for educational costs, and the student must be enrolled in the fall semester of the school year for which the scholarship is given.
- **Applications must be received by April 20<sup>th</sup> each year.**
- Completed applications can be sent to:  
**Prairie Dental Group – PDG Scholarship - 6608 Flying Cloud Drive, Suite 200, Eden Prairie, MN 55344 or [info@prairiedental.com](mailto:info@prairiedental.com) – Subject: SCHOLARSHIP**
- The scholarship winner will be announced, and all applicants will be informed of the outcome within 4 weeks of the application due date.
- The applicant agrees that if awarded, their name and photo may be used in various communications by Prairie Dental Group (i.e. newsletter, website, social media, etc.).



## DR. JEFF HEITNER HEALTH SCIENCES SCHOLARSHIP APPLICATION

Name:

Date of Birth:

Phone #:

Current Address:

City, State, Zip Code:

Email:

What is the best way for us to contact you?

\_\_\_\_\_ Email \_\_\_\_\_ Phone

### SCHOOL INFORMATION

Name of accredited school you will/are attending:

Specific field of study and/or degree you are seeking:

School Registrar Address:

City, State, Zip Code:

School Registrar Office Phone #:

Student ID Number:

Cumulative/Current GPA:

### JUSTIFICATION

Along with this application, please include an explanation (in 500 words or less) as to why you deserve to receive this scholarship.

### SIGNATURE

I verify that the above information is current and accurate. I understand that if I am awarded the DJHHS Scholarship, that my name and photo may be used in various communications by Prairie Dental Group (i.e. newsletter, website, social media, etc.).

Signature of Applicant:

Date: