Dr. Bill Kotonias Dental Scholarship
Central Mesabi Medical Foundation

Introduction:
The Dr. Bill Kotonias Dental Scholarship was originally established in the fall of 2007 through the benevolence of Dr. Bill Kotonias, a Twin Cities dentist and alumnus of Hibbing Community College, with the intent of helping finance the education of students pursuing careers in dental-related fields. The scholarship was re-established with the Central Mesabi Medical Foundation (CMMF) in October, 2015.

Depending on the number of applications, one $1,000 or two $500 scholarships will be awarded to eligible students who have indicated dentistry or a dental-related field as their career choice. Recipients will be selected in the spring of each year. Applications may be mailed to the Central Mesabi Medical Foundation, 750 East 34th Street, Hibbing, MN or emailed to Susan Degnan, CMMF Foundation Director, at sdegnan2@range.fairview.org. All applications must be postmarked by May 1, 2020.

Scholarship funds will be distributed to awardees upon receipt of the student’s fall semester college/university schedule; funds will be paid directly to the college/university. A letter will notify all applicants of the committee’s decision before the end of August 2020.

Eligibility criteria:
1. Area of Study – Students must be pursuing a degree in Dentistry or a dental-related field such as dental assistant, dental hygienist, and dental lab technician. Preference is given to students pursuing a DDS degree.
2. Grade Point Average – Students must have earned a cumulative grade point average of 3.00 or better.
3. Personal Characteristics – Students must be dependable, hard-working, goal-oriented, focused and motivated.
4. Financial Need – Students who have a financial need are given priority. Preference is given to students who are not receiving more than $250 in scholarships from other sources.

Recommendations:
Please submit two (2) written recommendations with your application: one from a current instructor and the other from a former employer/supervisor or personal friend.

Transcripts:
Include copies of your most recent official transcripts with your application.

For more information about this scholarship please contact Susan Degnan, Development Officer, Central Mesabi Medical Foundation, at 218-312-3034 or sdegnan2@range.fairview.org.

October 2015
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Scholarship Application

Name: _________________________________________

Address ___________________________ City ________________ State ___ Zip ________

Phone: ____________________________E-mail address: __________________________________

College/University you are or will be attending: ______________________________________

Year in college next year (2020-2021): ___Sophomore ___ Junior ___ Senior

GPA: __________________

High school from which you graduated: _____________________________________________

List other financial aid you are receiving for your education: ____________________________

Have you ever received a scholarship from CMMF previously? _____Yes _____No

Applicant’s signature ________________________________________ Date _____________

Please respond to the following under separate cover:

1. Describe your career goals and aspirations.

2. Describe an experience that impacted your career choice.

3. Describe your volunteer or community involvement.

4. In five years, where do you see yourself in your career path?

5. Financial need is not a requisite for the scholarship, but will be taken under consideration. Briefly describe your current financial situation.

6. Tell us about other activities/accomplishments/recognition you feel the scholarship committee should consider.

Please include letters of recommendation and official transcripts with your application.

October 2015