

Apple Tree Dental- Drs Brickle & Self Rural Health Champion Award Application

Application and professional reference deadline is Sunday, October 11th

For reference only, answers much be submitted in the online form.

* Required

Contact information

1. First Name *

2. Last Name *

3. Address (Street) *

4. Address 2

5. City *

6. State *

7. Zip *

8. Phone Number *

9. School Email *

Please enter an email

10. Personal Email (so we can reach you after graduation) *

Please enter an email

11. Student ID Number *

12. Are you a Dental Therapy or Dental Hygiene Student? *

☐ Dental Hygiene

☐ Dental Therapy

13. What school are you attending? *

14. What is your anticipated graduation date? *

15. Are you from a rural area of Minnesota, if yes, where? *

16. Which Apple Tree Dental Center(s) location are you interested in to complete the service obligation portion of the scholarship? *

☐ Hawley/Detroit Lakes

☐ Fergus Falls

☐ Little Falls

☐ Fairmont

☐ Rochester

Essay Questions

17. What led you to pursue a career in dentistry? *

Please enter at most 1750 characters

18. Describe a meaningful experience you have had, or been exposed to, in rural health or an underserved community? How did this experience impact your interest in working in rural dental health? *

Please enter at most 3000 characters

19. How do you see yourself giving back to your community to meet the needs of the underserved as a Dental Hygienist/Therapist? *

Please enter at most 1800 characters

20. What are your career goals over the next 3-5 years and how would this scholarship help you attain these goals? *

Please enter at most 1750 characters

21. What would you like the scholarship committee to know about you as an applicant that sets you apart from others who may apply? *

Please enter at most 1750 characters

Agreements

22. By submitting this application, if awarded the scholarship, are you prepared to complete a service commitment of one year for each year supported through the scholarship by committing to work at one of Apple Tree Dental's rural centers for dental health? *

☐ Yes

☐ No

23. I can make myself available for a committee interview, if needed: *

October 16-21, 2026 (DT interviews) or October 30-November 3, 2026 (DH interviews)

☐ Yes

☐ No

24. How did you hear about this scholarship opportunity? *

☐ Apple Tree Dental Website

☐ My school faculty

☐ Social Media

☐ LinkedIn

☐ Friend or Family member

☐ Apple Tree Employee

25. By applying for this scholarship, I understand that I am not guaranteed to be awarded the Drs Brickle & Self Rural Health Champion Award. I acknowledge that I am only applying and that only a limited number of applicants may be accepted. Furthermore, I understand that the criterion laid out upon acceptance must be adhered to in my process of receiving funding and matriculating employment at Apple Tree Dental can and may be discontinued at any time if not followed through on. *

☐ Yes

☐ No

26. Please provide Apple Tree Dental with two professional references.

Forms can be found here: