

# NORTH CENTRAL DENTAL FOUNDATION DENTAL STUDENT EDUCATION SCHOLARSHIP

I hereby make application for the North Central Dental Foundation Scholarship for Dental Education Students at IU Dental School. I understand that this scholarship is non refundable and will be applied directly to IU Dental School tuition, fees, or textbooks.

I am currently enrolled in:

\_\_\_\_\_ IU School of Dentistry  
\_\_\_\_\_ Undergraduate

## PERSONAL DATA

### Student and Family Information:

Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Parent/Guardian's Name (if appropriate) \_\_\_\_\_

Address \_\_\_\_\_

Or

Spouse's Name (if appropriate) \_\_\_\_\_

### Previous Education:

High School Attended \_\_\_\_\_

High School Graduation Date \_\_\_\_\_

Extra-curricular Activities \_\_\_\_\_

Honors or Awards \_\_\_\_\_

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Colleges Attended \_\_\_\_\_

Dates \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

Extra-curricular Activities \_\_\_\_\_

Honors or Awards \_\_\_\_\_

**CONFIDENTIAL EMPLOYMENT AND FINANCIAL INFORMATION:**

Student's Name \_\_\_\_\_

**Student Information:**

Current Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Job Position \_\_\_\_\_ Full time \_\_\_\_\_ hours/week

Part time \_\_\_\_\_ hours/week

summers only \_\_\_\_\_ hours/week

other employment during the year \_\_\_\_\_

List any scholarships, loans, and grants you are receiving this year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents Information:** (If appropriate)

Father's Employer and Occupation \_\_\_\_\_

Mother's Employer and Occupation \_\_\_\_\_

is you claimed on anyone's Income Tax Return?

\_\_\_\_\_ Yes. Relationship to you?

\_\_\_\_\_ No

List the ages of other siblings living at home \_\_\_\_\_

**Spouse's Information:** (If appropriate)

Spouse's Employer and Occupation \_\_\_\_\_

List the ages of children living at home \_\_\_\_\_

Who is financially responsible for your education at IU School of Dentistry?

I am responsible for \_\_\_\_\_ % of my education

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My parents are responsible for \_\_\_\_\_% of my education

My spouse is responsible for \_\_\_\_\_% of my education

**Personal Reference #1**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Personal Reference #2**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Please send this application to:**

**North Central Dental Foundation**  
919 East Jefferson Boulevard Suite 105  
South Bend, IN 46617

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***SCHOLARSHIP ESSAY FORM***  
(OPTIONAL)

Please write an essay stating your personal and professional goals. Explain how receiving this scholarship would assist you in meeting these goals. This essay should be NO MORE THAN ONE PAGE. (Please type or print)

Name \_\_\_\_\_ Date \_\_\_\_\_