



# NORTH CENTRAL DENTAL FOUNDATION DENTAL AUXILIARY EDUCATION SCHOLARSHIP

I hereby make application for the North Central Dental Foundation Scholarship for Dental Education Students currently enrolled in an accredited program. I understand that this scholarship is non-refundable and will be applied directly to my tuition, fees or textbooks.

I am currently enrolled in:

\_\_\_\_\_ (school name/program)

\_\_\_\_\_ Expanded Function for Dental Assisting Program

\_\_\_\_\_ Dental Assisting Program

\_\_\_\_\_ Dental Hygiene Program

## **PERSONAL DATA**

### **Student and Family Information:**

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

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

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

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

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

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

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

Address \_\_\_\_\_

### **Previous Education:**

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

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

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

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

\_\_\_\_\_

College Attended

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

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

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

**CONFIDENTIAL EMPLOYMENT AND FINANCIAL INFORMATION:**

**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 \_\_\_\_\_

Are 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 Ivy Tech?

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

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**  
303 South Main Street, Suite 103  
Mishawaka, IN 46544

or email: [NCDS@MedDentSociety.com](mailto:NCDS@MedDentSociety.com)

**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 \_\_\_\_\_