



I hereby apply for the North Central Dental Foundation Scholarship for Dental Students currently enrolled in dental school. 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)

- _____ Undergraduate
- _____ Dental School
- _____ Graduate/Professional

PERSONAL DATA

Student and Family Information:

Student's Name _____

Social Security Number (Needed once awarded) _____

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?

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

PO Box 834

Granger, IN 46530

or email: 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 _____