NCDF NORTH CENTRAL dental foundation

NORTH CENTRAL DENTAL FOUNDATION
DENTAL AUXILIARY EDUCATION SCHOLARSHIP

I hereby apply for the North Central Dental Foundation Scholarship for Dental Auxiliary Education Students 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 (Needed when 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 _________________________