

# IOWA DENTAL FOUNDATION SCHOLARSHIP APPLICATION



Please save this form on your computer and complete all sections below. Any areas that do not apply to applicant should be marked "N/A" or non-applicable. Incomplete applications may be returned to applicant for further clarification.

## GENERAL INFORMATION

Name:

\_\_\_\_\_  
Last First Middle I

Permanent Mailing Address:

\_\_\_\_\_  
Street Address City State ZIP

Permanent Home Telephone Number:

( ) - \_\_\_\_\_

\_\_\_\_\_  
Email Address

## INSTITUTIONAL INFORMATION

\_\_\_\_\_  
Name of School Planning to Attend

\_\_\_\_\_  
Street Address City State ZIP

( ) - \_\_\_\_\_

Telephone Number

Currently enrolled:  Yes  No

Scholarships may be awarded in the following areas of study: Dentistry, Dental Assisting, Dental Hygiene, Dental Laboratory Technician.

Please check and complete the statement below that describes your situation at the time of this application.

I have applied for \_\_\_\_\_ but have not yet been accepted.  
(your area of study)

I have been accepted as a student in \_\_\_\_\_ and I will begin training on \_\_\_\_\_, \_\_\_\_\_,  
(your area of study) (month) (year)

and graduate on or about \_\_\_\_\_, \_\_\_\_\_.  
(month) (year)

I am currently a student in \_\_\_\_\_ and will graduate on or about \_\_\_\_\_, \_\_\_\_\_.  
(your area of study) (month) (year)

Other(Please describe):



## BIOGRAPHICAL/REFERENCE INFORMATION

Give a brief personal statement below. Include family experiences, community service, leadership positions, your reasons for choosing a career in the dental field, and your long term goals. (If more space is needed, attach additional pages to application.) Attach two (2) letters of reference in support of your application. **One of the references needs to be from a dentist.** These letters should reference your application by name and **must be typed.** References may be contacted by the Selection Committee.

### READ AND SIGN

**Certification:** All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may be denied aid.

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Signature of Applicant

Date Completed

**For Iowa Dental Foundation Use Only:**

Date application received by Foundation: \_\_\_/\_\_\_/\_\_\_ Date application reviewed: \_\_\_/\_\_\_/\_\_\_

Amount of Grant Request: \$ _____ .00	Amount of Grant Awarded: \$ _____ .00
Date of Grant Award: _____ / _____ / _____	Check Number: _____
Comments:	
Iowa Dental Foundation Board of Directors President	Date

**Please complete and return application to:**

**Email:** Stacy@iowadental.org

**or**

Iowa Dental Foundation  
8797 NW 54<sup>th</sup> Avenue, Suite 100  
Johnston, IA 50131-9428

**Application Deadline: March 31 of each year**