

**DENTAL ASSISTING PROGRAM
ACADEMIC SCHOLARSHIP**

Name _____

Address _____

Telephone _____ **Social Security #** _____

Grade Point Average (semester) _____ ; **(cumulative)** _____

Semester of Study _____

Honors, Achievements, Memberships _____

Leadership Activities _____

Essay – “I chose dental assisting as a profession because

Signature _____ **Date** _____

**DENTAL ASSISTING PROGRAM
FINANCIAL SCHOLARSHIP**

Name _____

Address _____

Telephone _____ Social Security # _____

Grade Point Average (semester) _____; (cumulative) _____

Semester of Study _____

Applicant lives with _____ and has _____ dependent(s) ages(s) _____

Financial Status (indicate actual amount in each category)

Monthly Resources

Financial Aid (semester)

Monthly Obligations

_____ Your Income
_____ Spouse's Income
_____ Parental Support
_____ Social Security
_____ TANF
_____ Child Support
_____ Alimony
_____ Food Stamps
_____ Other

_____ Pell Grant
_____ FSEOG
_____ State Grant
_____ Work Study
_____ WIA
_____ Scholarship
_____ Voc. Rehab.
_____ Veterans Benefits
_____ Other

_____ Rent/Mortgage
_____ Food
_____ Utilities
_____ Transportation
_____ Personal
_____ Child Care
_____ Debts
_____ Other
_____ Other

If you live with parent(s), please give

Father's Name _____ Occupation _____ Yrly. Income _____

Mother's Name _____ Occupation _____ Yrly. Income _____

Essay – "This scholarship will help to

Signature _____ Date _____