

West Coast District Dental Association Fund

A donor advised fund administered through the Florida Dental Health Foundation

Submission Requirements for a Dental Assistant Grant (Application deadline: December 31, 2011)

This application is a grant award; therefore academic achievement (grades) will be reviewed thoroughly and may be the determining factor of award. Only one award per school per program may be given during the funding year. Contact the WCDDA with any questions at (813) 654-2500.

1. Submit a thoroughly completed and signed application (applicants can only be awarded once).
2. Submit most recent official grade transcripts reflecting at least a cumulative 3.0 GPA (photocopies or student copies **will not** be accepted). **High school transcripts will be accepted.**
3. Submit a letter of recommendation from the dental assisting program director validating your financial need and another letter of recommendation from a person of your choice.
4. Submit letter from applicant answering the following questions:
 - 1) Why do you want to be a dental assistant?
 - 2) What is the reason for your grant request?
 - 3) What are your future plans, including any community involvement?
5. Applicants must have lived in Florida at least three years and have entered an accredited program.

Note: Incomplete application packets **will not** be reviewed.

West Coast District Dental Association Fund
Dental Assistant Grant Application Form

Name _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Current Occupation or Source of Income _____

Name of Employer _____ Current Salary \$ _____

Education

College/Community College _____

Year (1st, 2nd, Freshman, Sophomore, etc.) _____ Degree sought _____ GPA _____

High School _____ Year Graduated _____

Technical School _____ Year Graduated _____

Note: Official grade transcript of highest level of education achieved must be attached to application.

Are you listed as a dependent on parent's tax returns? Yes _____ No _____

Please provide parent information ONLY if you are listed as a dependent:

Father's name _____

Address _____

City State Zip

Occupation _____ Yearly Salary _____

Mother's Name _____

Address _____

City State Zip

Occupation _____ Yearly Salary _____

Are you currently _____ Single _____ Married _____ Divorced _____ Widowed

Do you have children? _____ Yes _____ No If Yes, how many are your dependents? _____

Ages of dependents _____

If married, spouse's occupation: _____ Current yearly salary: _____

Why are you interested in becoming a dental assistant? **(attach additional sheets if necessary)**

Which accredited Florida Dental Assisting School(s) accepted you?

School _____ Program Director _____

School _____ Program Director _____

In what Florida County or City do you plan to work after receiving your degree? _____

Have you ever received a WCDDA Fund Scholarship before? Yes _____ No _____

If yes, Date _____

Have you applied for financial assistance from other sources? Yes _____ No _____

Do you receive financial assistance from other sources? Yes ___ No ___ **(please specify below)**

I attest that to the best of my knowledge all of the above information is correct.

Signature

Date

Return this completed application and support documents to:

**West Coast District Dental Association
1114 Kyle Wood Lane
Brandon, Florida 33511**

Attach support documents:

**Official Grade Transcript
Letter of Recommendation from Program Director & person of choice
Letter from applicant**