

West Coast District Dental Association Fund

A donor advised fund administered through the Florida Dental Health Foundation

Submission Requirements for a Dental Assistant Scholarship

(Application deadline: December 31, 2008)

This application is a scholarship 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.

1. Applicants must have lived in Florida for at least two years.
2. Submit a thoroughly completed and signed application.
3. Submit your most recent official grade transcript reflecting at least a cumulative 2.5 GPA. High school transcripts will be accepted.
4. Submit a letter of reference from the dental assisting program director validating your financial need.

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

West Coast District Dental Association Fund
Dental Assistant Scholarship 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) has 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
9720 North Armenia Avenue, #F
Tampa, Florida 33612

Attach support documents:

Official Grade Transcript
Letter of Need from Program Director