

2021 Scholarship Application

ELIGIBILITY

Applicants must:

- Be enrolled in a local dental hygiene or dental assisting program.
- Have at least one remaining term left in their program.
- Have not previously received a scholarship from SCCDF/SCCDS.
- Show evidence of dedication and commitment to their dental education chosen profession.
- Show intent to remain locally to work.
- Demonstrate financial need.

REQUIRED MATERIAL

- Application
- Photocopy of your most recent transcripts
- Minimum 2 letters of recommendation from a counselor, teacher or dental professional familiar with you, your academic work and your career interests.

OPTIONAL MATERIAL

- Description of involvement in extracurricular or volunteer activities.
- Current resume

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Mobile: _____

Email: _____

CURRENT DENTAL EDUCATION PROGRAM:

School: _____ Program (select one): Dental Assisting Dental Hygiene

Date of enrollment: _____ Expected date of graduation: _____ GPA: _____

Favorite course? _____

Why? _____

Least favorite course? _____

Why? _____

PREVIOUS HIGH SCHOOL/OTHER COLLEGE EXPERIENCE:

Name of Institution: _____

Location: _____

Dates attended: _____ Did you graduate? Select one: Yes No

Name of Institution: _____

Location: _____

Dates attended: _____ Did you graduate? Select one: Yes No

INSTRUCTIONS: READ CAREFULLY

DO NOT SEND BY US MAIL.

**PLEASE EMAIL COMPLETED
APPLICATION AND RELEVANT SCANNED
DOCUMENTS TO
INFO@SCCDS.ORG**

**APPLICATIONS MUST BE RECEIVED BY
NOVEMBER 15, 2021.**

**You may add up to two additional
pages if necessary.**

**If possible, please combine all documents
into a single document.**

**Use a computer or print legibly.
Illegible submissions will not be accepted.**

WORK EXPERIENCE:

Current or last employer: _____ Dates employed: _____

What did you enjoy most about this job?

What did you enjoy least about this job?

Previous employer: _____ Dates employed: _____

What did you enjoy most about this job?

What did you enjoy least about this job?

FUTURE PLANS:

Please describe your hopes for your professional future. What are your immediate plans after graduation and licensure? 5-10 years from now? Will you be working locally? Full-time or part-time? With specialist/general dentist? Do you plan to seek further education? If so, what?

EXTRACURRICULAR ACTIVITIES (Optional):

Describe any volunteer activities at school, church, a community organization, including name of organization, when you were involved, what you did and why the experience was valuable.

PLEASE PROCEED TO NEXT PAGE TO COMPLETE FINANCIAL NEED DATA AND SIGN APPLICATION.

Annual income for this current academic year 2021-2022	AMOUNT
Your income	\$
Summer job	\$
During school year	\$
Spouse/partner income	\$
Support from family/friends	\$
Education loans	\$
Name of lender	
Terms	
GI Bill	\$
How long?	
Other income sources (investments, rental income, etc.) List	\$
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL ANNUAL INCOME	\$

Expenses for this current academic year 2021-2022	AMOUNT
Annual college tuition and fees	\$
Books and supplies	\$
Education loan payments	\$
Housing (rent or mortgage)	\$
Transportation (car payments, gas, repairs, insurance)	\$
Child care	\$
Utilities, water, phone	\$
Food	\$
GI Bill	\$
Other necessary expenses (health insurance, medical bills, clothing, educational costs for children, property taxes)	\$
TOTAL ANNUAL EXPENSES	\$

SIGNATURE AND ATTESTATION:

I attest that all information in this application is accurate to the best of my knowledge. I also state that any funds received from the SANTA CLARA COUNTY DENTAL FOUNDATION will be used to support my dental profession education only.

Name (print): _____ Date: _____

Signature: _____