



Patuxent Dental Society Scholarship Application Packet

Instructions:

1. Complete the Application Form as completely and neatly as possible. Do not leave blank spaces.
2. Contact the references you have listed on the Application and provide them with the reference questionnaires. It is advisable to also provide them with envelopes addressed to:

Heather Friedrich
Patuxent Dental Society
27015 Erin Drive
Mechanicsville, MD 20659
3. Obtain copies of high school and college transcripts and attach to completed application along with notification of acceptance to an accredited program.
4. Sign and date application.
5. Return completed application to Patuxent Dental Society **prior to the filing deadline** as outlined in the program guidelines. Incomplete applications (i.e. missing references, transcripts, etc.) as of the filing deadline will not be considered.

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SCHOLARSHIP PROGRAM GUIDELINES

We appreciate your interest in the Scholarship Program sponsored by the Patuxent Dental Society. These guidelines are presented to answer questions you may have concerning the awards.

1. WHO IS ELIGIBLE TO APPLY?

- A. Any full-time student who is presently accepted at an accredited school of dental hygiene or other dental care curriculum offering a course of study leading to licensure as a Dental Hygienist or Dentist.
- B. Applications must have been a resident of Maryland for at least one (1) year; preference will be given to residents of Calvert, Charles or St. Mary's Counties.

2. DOES FINANCIAL NEED AFFECT ELIGIBILITY?

While financial need as determined by the number of other scholarship grants and resources an individual has is reviewed by the committee and may affect the amount of assistance granted, it is not the sole or overriding determinant. The Patuxent Dental Society is interested in selecting the best possible candidates for the awards.

3. WHAT SPECIFIES THE AWARDS?

- A. The awards are pre-determined scholarships.
- B. There is no pay back attached to this scholarship, either in cash or in hours worked.

4. HOW AND WHEN TO APPLY?

- A. Fill out accompanying application which includes three (3) reference questionnaires to be submitted to:

Patuxent Dental
Heather Friedrich
27015 Erin Drive
Mechanicsville, MD 20659

- B. Application filing deadline is **April 15** for the following Fall and Spring semesters.

Any further questions concerning the program may be directed to Heather Friedrich, 301-884-7506 or e-mail pdsdirector@hotmail.com

Complete Application: Application, Essay (see #19 on Application Form), transcripts, acceptance letter, all references.

If you experience difficulty in meeting the appropriate deadline, contact Heather Friedrich, at pdsdirector@hotmail.com

PATUXENT DENTAL SOCIETY
APPLICATION FOR FINANCIAL ASSISTANCE
(Please type or print clearly)

Basic Information:

1. NAME _____

Last

First

Middle (or Initial)

2. SOCIAL SECURITY NUMBER _____ TELEPHONE _____

3. HOME ADDRESS

(number, street)

(city, state, zip)

(COUNTY)

4. TEMPORARY ADDRESS _____

(if different from home address)

5. DATE OF BIRTH _____

(month/date/year)

6. MARITAL STATUS:

Married _____ **Single** _____ **Separated** _____ **Divorced** _____

Children _____ **Ages** _____

7. PARENTS NAMES (if a minor) _____

8. LIST A BROTHER, SISTER OR OTHER RELATIVE OR CLOSE FRIEND, OTHER THAN YOUR PARENTS OR ANOTHER STUDENT, WHO WILL LIKELY KEEP IN TOUCH WITH YOU IF YOUR PERMANENT ADDRESS CHANGES:

MR./MISS/MRS. _____ RELATIONSHIP _____

ADDRESS _____

(no. & street)

(city)

(state)

(zip)

TELEPHONE _____

9. LIST COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATE (e.g. civic organizations, volunteer experiences)

10. LIST HIGH SCHOOLS AND COLLEGES ATTENDED TO DATE:

Name	City, State	Dates Attended	Diploma Date
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High School and college transcripts are required. Please submit transcripts with your completed application.

11. SCHOOL FOR WHICH ASSISTANCE IS DESIRED: _____

12. INDICATE THE CURRICULUM IN WHICH YOU ARE ENROLLED _____
(Ex. Registered Nursing)

13. HAS YOUR ADMISSION BEEN APPROVED? YES _____ NO _____
Please attach letter of acceptance

14. WHEN WILL YOU GRADUATE? _____
Month Year

15. ARE YOU CURRENTLY RECEIVING OR APPLYING FOR VA BENEFITS:
YES _____ NO _____

16. ANTICIPATED EXPENSES PER SEMESTER:

TUITION _____

BOOKS _____

PERSONAL (please itemize) _____

TOTAL PER SEMESTER _____

17. LIST ALL SCHOLARSHIPS, LOANS, AND GRANTS PREVIOUSLY AWARDED TO YOU, CURRENTLY PENDING, OR APPLIED FOR:

<u>NAME OF SCHOLARSHIP AND SPONSOR</u>	<u>YEAR AND DURATION</u>	<u>\$ AMOUNT AWARDED</u>	<u>Previous Award</u>	<u>Current Year</u>	<u>Applied For</u>
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18. LIST THREE MOST RECENT EMPLOYERS:

Dates Employer & Address Position Reason for leaving

19. IN A SHORT ESSAY OF 150 WORDS OR LESS, PLEASE EXPLAIN WHY YOU HAVE CHOSEN DENTAL HYGIENE DENTISTRY OR OTHER DENTAL RELATED CAREER AS YOUR CAREER PURSUIT. Please use a separate piece of 8 1/2 x 11 bond paper and attach. *Please be sure your name is on your essay.*

20. LIST THREE (3) REFERENCES THAT WILL PROVIDE COMMENTS CONCERNING YOUR ABILITIES. ONE MUST BE A PREVIOUS OR CURRENT INSTRUCTOR, AND, IF EMPLOYED, YOUR PRESENT EMPLOYER. IF NOT EMPLOYED, ONE MUST BE YOUR IMMEDIATE PAST EMPLOYER. THE REMAINING MAY BE ACQUAINTANCES OTHER THAN PARENTS AND RELATIVES.

(1) Name _____
Address _____
Phone _____ Occupation _____

(2) Name _____
Address _____
Phone _____ Occupation _____

(3) Name _____
Address _____
Phone _____ Occupation _____

PLEASE STRESS TO YOUR CHOSEN REFERENCES TO RETURN THEIR QUESTIONNAIRES BY THE APPLICATION DEADLINE.

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE / DATE

**PATUXENT DENTAL SOCIETY
SCHOLARSHIP PROGRAM**

The person named below is being considered for one of the Scholarship Awards given by the Patuxent Dental Society Scholarship Program. We would appreciate your confidential comments concerning the applicant's academic ability and personal qualities.

SCHOLARSHIP COMMITTEE

APPLICANT'S NAME _____

	LOW	AVERAGE	HIGH	VERY HIGH
1. Punctuality				
2. Responsibility				
3. Follows directions				
4. Works independently				
5. Works well with others				
6. Manners & General Attitude				
7. Academic Achievement				

COMMENTS:

PLEASE MENTION ANY ADDITIONAL INFORMATION WHICH MIGHT HELP IN EVALUATING THIS INDIVIDUAL'S APPLICATION:

(use reverse if necessary)

OVERALL RECOMMENDATION: _____ NOT RECOMMENDED
_____ RECOMMENDED (with reservations)
_____ RECOMMENDED
_____ HIGHLY RECOMMENDED
_____ SIGNATURE DATE

PLEASE RETURN TO SCHOLARSHIP COMMITTEE BY APRIL 15th:

**Return to:
Heather Fridrich
Patuxent Dental Society
27015 Erin Drive
Mechanicsville, MD 20659**

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Mechanicsville, MD 20659

I voluntarily give Patuxent Dental Society permission to make a thorough investigation of my educational background and past employments and all other facts within my application for scholarship and release from liability or responsibility all person, places of business and municipalities supplying such information.

Signature: _____

Date: _____

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