South Dakota Dental School Scholarship Application

PLEASE PRINT CLEARLY/TYPE ALL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day/Cell): _____ Email: _____

Dental School Attending: _____ Student ID # _____

Date of Birth _____

Scholarship will be used for which year of dental school? ◯ D3 ◯ D4

1. How many years have you been a resident of South Dakota? _____ (This is a requirement for some, but not all, SDDF scholarships.)
2. High School Name & City: _____ Graduation Year: _____
3. Are you a member of the American Student Dental Association? ◯ Yes ◯ No
4. Have you received a previous scholarship from the SDDF: ◯ Yes ◯ No

FINANCIAL NEEDS ASSESSMENT:

1. Will you be employed while in school or on break? ◯ Yes ◯ No
   If so, what type of job, how many hours and do you expect this to defray the cost of education and/or living expenses?
2. How much student debt (dental school debt only) do you expect to incur and what are your plans for paying it down?
3. Do you have other financial obligations not reflected in this application and how do they impact your financial need?
4. Marital status: ◯ Single ◯ Married ◯ Divorced ◯ Separated ◯ Widowed
5. Do you have any children, or other dependents, who you support financially? ◯ Yes ◯ No
   If so, how many? ____

PLEASE RESPOND TO EACH OF THE FOLLOWING: (please provide as an addendum to the application but do not use more than one page per topic)

1. What inspired you to become a dentist, and how have you prepared yourself for this profession? Was there any particular individual or event that had an influence on your decision? Also, please tell us about your academic background and job experiences.

2. Because a dentist, besides being a clinical practitioner, is also expected to be a leader in service to the community. How have you prepared for this role? Please describe extracurricular service activities you have been involved with and what leadership positions you have held.

3. In assessing your determination to become a dentist, can you tell us what obstacles, if any, you have had to overcome, such as financial or personal circumstances, that have tested your determination to succeed? How have you found solutions?

4. What kind of practice do you envision for yourself? For example, will it be in an urban or rural setting? Where will it be in South Dakota? Do you plan on specializing?

5. A past president of the South Dakota Dental Association described organized dentistry in South Dakota as "a community dedicated to advancing dental care standards and promoting the well-being of our patients and practitioners alike". How do you intend to use your talents to make a positive contribution to the dental community in South Dakota?

6. Share how you, as a practicing dentist, intend to provide meaningful oral health care to the underserved and less fortunate members of the community in which you practice.

REFERENCE FORMS:

The SDDF requires three letters of recommendation. Two from dental school representatives who are members of the American Dental Association (i.e., professor or academic advisor), plus one access to care activity representative*. Family members cannot provide letters of recommendation. Each reference should type a letter of recommendation on their professional letterhead and sign their letter. The letter can either be provided to the applicant in a sealed envelope to include in their scholarship application, or the reference letter can be mailed to SDDF, 804 N Euclid Ave, Suite 103, Pierre, SD 57501. Please list below those three individuals who will be submitting the reference letters:

Name Relationship to applicant

Name Relationship to applicant

Name Relationship to applicant

*An access to care representative is any clinician or individual who is involved in significant charitable outreach.

APPLICANT STATEMENTS:

I hereby authorize the release of my academic records to the SDDF only for the purpose of evaluating my application for the Dental Student Scholarship.

I hereby attest that all information contained herein and in the accompanying materials is true to the best of my knowledge. I further agree that knowingly providing false information in this application will result in my not being considered for the scholarship and will result in action for repayment of any monies awarded if the information is later found to be false. I authorize that officers and staff of the SDDF, or its agents, may receive and verify all information pertinent to this application.

Name (please print): _____

Signature: _____

Date: _____

Return application and supporting documents to:
South Dakota Dental Foundation
804 N Euclid Ave, Suite 103, Pierre, SD 57501
paul.knecht@sddental.org