

THE DENTAL FOUNDATION OF NORTH CAROLINA, INC.

*Serving the people and programs of the UNC School of Dentistry Since 1950*

Dental Hygiene and Dental Assisting

Scholarship Application

*The Dental Foundation of North Carolina (DFNC) awards scholarships to UNC School of Dentistry students each year. Scholarships are awarded on the basis of financial need, academic performance, potential for careers in dentistry, and other criteria for selection. The selections are made by a committee of School of Dentistry faculty and administrators and are based on information provided on the application form and by the UNC financial aid office. Students do not apply for specific awards; a single application is sufficient for all scholarships.*

*The DFNC raises private funds to support student scholarships and awards, faculty professorships, research fellowships, teaching awards, and building construction and renovation. With funds raised through the generosity of private citizens and friends of the school, the DFNC awards student scholarships and fellowships each year.*

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Last Name First Name Middle Name

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PID # DOB

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Local Street Address

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Local Telephone Number Email Address

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Home Street Address

### EDUCATION

College/University Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### SCHOOL AND COMMUNITY ACTIVITIES

School activities, including positions held, honors and awards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employment – List jobs held during school and/or summers and average number of hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please answer the following questions. You may type directly on this page or turn in an alternate page. Applications may be delivered to Kaylee Cutler in the Office of Advancement, 1090 First Dental or by email to kayleec@email.unc.edu. If you have any questions, please call the Dental Foundation at (919) 537-3257.*

* Please limit your TOTAL response to one page.
* DO NOT attach CVs, transcripts, etc. to application as they will not be presented to the selection committee.
* **YOUR NAME SHOULD APPEAR ON BOTH PAGES OF THIS APPLICATION**.

*Please give information that you believe is pertinent to your need for financial assistance. You should include your expected sources of financial support and expenses.*

1. **Please describe your experiences in dentistry.**
2. **Please provide a brief statement of your educational and career objectives.**
3. **Please give information that you believe is pertinent to your need for financial assistance.**

### **Non-Discrimination Policy**

*With respect to equal employment and educational opportunity, it is the policy of the University of North Carolina at Chapel Hill and the UNC School of Dentistry not to discriminate on the basis of age, sex, race, color, national origin, religion, disability, or sexual orientation.*