

**WEST MICHIGAN DENTAL FOUNDATION
TUITION GRANT APPLICATION**

Name _____

Parent(s) name _____

Current address _____

Address _____

City/State _____ Zip _____

City/State _____ Zip _____

Home phone _____

Occupation(s) _____

Cell phone _____

Email address _____

Number of children _____

Date of birth _____

Ages _____

County of birth _____

SS# _____

Spouse name _____

Permanent address _____

Occupation _____

City/State _____ Zip _____

Number of children _____

County _____

Ages _____

Education

High School _____

Year of Graduation _____ GPA _____

College _____

Dates attended _____ GPA _____

Major _____

Graduation date _____

College _____

Dates attended _____ GPA _____

Major _____

Graduation date _____

Other training or certification _____ Graduation date _____

Current School _____ Planned graduation date _____

Degree you are seeking _____

Current cost of tuition per year _____ Cost of books per year _____

What are your unmet tuition needs for the upcoming year? _____

Employment and Volunteer Experience

Current place of employment _____

Job title _____ Average hours per week _____

Are you eligible for tuition reimbursement from your employer? _____

If so, how much per year? _____

List any previous employment during the past five years (include dates) _____

Current or previous community involvement or volunteer experience: _____

Financial Information: Enclose a copy of current FAFSA info or complete this section

Applicant (Including spouse, if applicable

Parent(s)

200__ income before taxes

\$ _____

\$ _____

Do you own a home or rent? _____

Parent(s) own or rent? _____

List major monthly expenses:

Housing \$ _____

\$ _____

Food \$ _____

\$ _____

Transportation	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Other	\$ _____	\$ _____

List any loans, grants, or other assistance and the yearly amount for coming school year

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please type a paragraph or two about your personal and educational goals. Explain any special circumstances which will create a financial need for you. Please attach on a separate sheet.

In order to help the committee facilitate the potential interview process, please list:

Spring break date _____

Please return the following:

- Your completed application.
- An official transcript from the school where you are currently enrolled.
- Two letters of reference: one from school and one personal (not a relative)

All information must be received by April 1st and should be mailed in one envelope to:

West Michigan Dental Foundation
 c/o Elaine Fleming
 161 Ottawa Avenue NW Suite 511-F
 Grand Rapids MI 49503

Or fax c/o Elaine Fleming by April 1st deadline to 616.454.6549.

I hereby acknowledge that all information on this application is correct and to the best of my knowledge. I understand that the information on this form is strictly confidential and will be used only by the West Michigan Dental Foundation Tuition Grant Committee. I give consent to the committee to verify any information on this application to determine grant eligibility.

Signature _____
 Revised 1/31/2008 ef

Date _____