

**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 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? _____

Do your parents own their home? _____

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.

_____ \$ _____

_____ \$ _____

_____ \$ _____

IV. Please type a paragraph or two about your personal and education goals. Explain any special circumstances, which will create a financial, need for you. You may attach a separate sheet if desired.

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

Spring break date_____

Please return the following:

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

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

West Michigan Dental Foundation Tuition Grant Program
c/o Mary Wieland
2213 Woodcliff SE,
Grand Rapids, MI 49546

Or FAX c/o Mary Wieland to 616.241-0289 by the April 1 deadline.

I hereby acknowledge that all information on this application is correct 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_____ Date_____