

**WEST MICHIGAN DENTAL FOUNDATION  
TUITION GRANT APPLICATION  
DATE: \_\_\_\_\_**

<b>Name</b> _____	<b>Spouse name</b> _____
Current address _____	Occupation _____
City/State _____ Zip _____	# of Children _____ Ages _____
Phone _____	# of Siblings _____ Ages _____
Cell phone _____	<b>Father's name</b> _____
Email address _____	Address _____
Date of birth _____	City/State _____ Zip _____
County of birth _____	Occupation _____
SS # _____	<b>Mother's name</b> _____
Home Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
County _____	Occupation _____

**EDUCATION:**

High School _____	Year of Graduation _____	GPA _____
City _____	County _____	
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 _____		
<b>Total Dental Education Debt</b> _____	<b>Cost of tuition this school year</b> _____	

**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 or complete this section.**

**APPLICANT (including spouse if applicable):**

**PARENT (S):**

Estimated income before taxes for current year:

Estimated income before taxes for current year:

Personal \_\_\_\_\_

Father \_\_\_\_\_

Spouse \_\_\_\_\_

Mother \_\_\_\_\_

Do you own a home or rent? \_\_\_\_\_

Do your parents own their home?

Father \_\_\_\_\_ Mother \_\_\_\_\_

List major monthly expenses:

Housing \$ \_\_\_\_\_

\$ \_\_\_\_\_

Food \$ \_\_\_\_\_

\$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

\$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

\$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other \$ \_\_\_\_\_

\$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Please type a paragraph or two about:

- your personal goals.
- your educational 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:

School break dates \_\_\_\_\_

Exam dates \_\_\_\_\_

If out of town, dates you will be in GR \_\_\_\_\_

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 \_\_\_\_\_