TUITION GRANT INFORMATION
West Michigan Dental Foundation

Enclosed, please find your requested application. Please review the following information carefully and submit the required forms by the due date listed below.

The West Michigan Dental Foundation (WMDF), in cooperation with several other dental organizations, is pleased to offer grants for tuition and books to qualified students currently enrolled in American Dental Association accredited Dentistry, Dental Hygiene and Dental Assisting programs. The grant awards are based on the applicant's financial need, academic credentials, and the brief committee interview.

Each year the Tuition Grant Committee determines the number of grants that are offered, the value of each one and select students to be WMDF grant recipients. The maximum grant amounts vary year-to-year but can be up to $5000 for dental students, $1200 for dental hygiene students, and $700 for dental assisting students. There is no obligation to repay these grants. It is the desire of the WMDF that the student will become a supportive member of the Foundation and the West Michigan dental community upon graduation.

The following criteria apply:

- The applicant must be a resident of or originally from one of the following West Michigan counties: Kent, Ionia, Mecosta, Montcalm or Ottawa.
- The applicant must be enrolled in a comprehensive dental program accredited by the American Dental Association Commission on dental accreditation.
- Dental students must have completed their first year of dental school prior to making application. Dental graduate students can be considered for a grant if they have not previously been awarded by the WMDF.
- Dental hygiene students must have completed their first semester of clinical dental hygiene classes prior to applying.
- Dental assisting students must have completed their first semester of dental assisting courses prior to applying
- The WMDF Tuition Grant is an award that may be received only one time per student.

The following information must be returned by the **January 25** deadline.

1. Your completed application
2. Your official transcript from the school where you are currently enrolled
3. Two letters of recommendation: ideally one from a school faculty member and one from a personal mentor (not a relative) who can speak to your character.
4. A color photograph of yourself to be featured in a magazine if you are selected as a recipient - This can be emailed to the Grant Committee Chairman

All information should be emailed to the grant committee chairperson at drkatie@mittenkids.com

If necessary, items can be mailed to:

West Michigan Dental Foundation Tuition Grant Program
C/O Dr. Katie Randall, Chairperson
100 Crahen NE, Suite 100
Grand Rapids, MI 49525

Interviews will be scheduled for qualifying grant applicants mid-to-late February
If you have any further questions, please contact drkatie@mittenkids.com

Sincerely,

Katherine Randall, Chairperson

Tuition Grant Committee

WEST MICHIGAN DENTAL FOUNDATION
TUITION GRANT APPLICATION

Name _____ **Spouse name**_____

Current address_____ Occupation_____

City/State _____Zip_____ # of Children_____ Ages_____

Phone _____ # of Siblings _____ Ages_____

Cell phone _____ **Father's name**_____

Email address _____ Address _____

Date of birth _____ City/State_____ Zip_____

County of birth_____ Occupation_____

SS #_____ **Mother's name**_____

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_____
Cost of tuition this school year_____
Current Educational Debt _____
Estimated Final Total Dental Education Debt_____

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 your 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:

_____$_____

_____$_____

_____$_____

List any association memberships and extra curricular activities you have been involved in:

_____

_____

_____

Please type a paragraph or two about:

- your personal goals
- your educational goals
- explain any special circumstances which create a financial need for you

(You may attach a separate sheet as needed)

If you meet eligibility requirements, we will contact you to schedule an interview.

Interviews will typically be 20 minutes in length and scheduled on Fridays or Saturdays

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_____

Please email completed application to drkatie@mittenkids.com by January 25
WE LOOK FORWARD TO MEETING YOU!