

Dr. Phillip E. O'Shaughnessy

Dental Auxiliary Education Scholarship

REQUIREMENTS AND INSTRUCTIONS:

- 1. Applicants must be currently enrolled in one of the Dental Education Programs at Indiana University-Purdue University Fort Wayne.**
- 2. Applicants must achieve a minimum GPA of 2.5/4.0 or higher by the end of the fall semester.**
- 3. Applicants must complete a Family Financial Statement. (Form provided)**
- 4. Applicants must list two personal references for the scholarship committee to contact, if necessary. Personal references cannot be full-time Dental Education faculty.**
- 5. The scholarship award amount is \$500.**
- 6. Completed applications must be submitted to the Department of Dental Education in Neff 150 no later than 5:00 p.m. on Friday, December 4, 2009.**

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I hereby make application for the Isaac Knapp Dental Education Foundation Scholarship for Dental Education Students at IPFW. I understand that this scholarship is non-refundable and will be applied directly to IPFW tuition, fees, or textbooks.

I am currently enrolled in the

_____ Dental Assisting Program

_____ Dental Hygiene Program

_____ Dental Laboratory Technology Program _____ 1st Year

_____ 2nd Year

_____ 1st Year _____ 2nd Year

PERSONAL DATA

Student and Family Information:

Student's Name _____

Current Address _____

Permanent Address _____

Telephone Number _____

E-mail Address _____

Parent/Guardian's Name (if appropriate) _____

Address _____

or

Spouse's Name (if appropriate) _____

Previous Education:

High School Attended _____

High School Graduation Date _____

Extra-curricular Activities _____

Honors or Awards _____

Colleges Attended _____ Dates _____

_____ Dates _____

_____ Dates _____

Extra-curricular Activities _____

Honors or Awards _____

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CONFIDENTIAL EMPLOYMENT AND FINANCIAL INFORMATION:

Student's Name _____

Student Information:

Current Employer _____ How long? _____

Job Position _____ Full-time _____ hours/week
Part-time _____ hours/week
Summers only _____ hours/week

Other employment during the year _____

List any scholarships, loans, and grants you are receiving this year.

Parents' Information: (If appropriate)

Father's Employer and Occupation _____

Mother's Employer and Occupation _____

Are you claimed on anyone's Income Tax Return? _____ Yes Relationship to
you? _____ _____ No

List the ages of other siblings living at home _____

Spouse's Information: (If appropriate)

Spouse's Employer and Occupation _____

List the ages of children living at home _____

Who is financially responsible for your education at IPFW?

- ◆ I am responsible for _____% of my education.
- ◆ My parents are responsible for _____% of my education.
- ◆ My spouse is responsible for _____% of my education.

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PERSONAL REFERENCES

PLEASE NOTE: Personal References cannot be full-time Dental Education faculty.

Personal Reference #1

Name _____

Occupation _____

Address _____

Daytime Telephone Number _____

Relationship To Applicant _____

Personal Reference #2

Name _____

Occupation _____

Address _____

Daytime Telephone Number _____

Relationship To Applicant _____

SCHOLARSHIP ESSAY FORM

(OPTIONAL)

Please write an essay stating your personal and professional goals. Explain how receiving this scholarship would assist you in meeting these goals. This essay should be **NO MORE THAN** one page. **(Please type or print)**

Name _____

Date _____