

"CUSTOM DENTAL CARES"

The Jan and Kelly Brown Scholarship Program

Scholarship Application

The Custom Dental Cares Dental Assisting Scholarship was created to make it possible for students to live their dreams while making a positive impact in the dental profession and our community.

To be awarded to a Custom Dental Assisting School Applicant who would be an asset to the Dental Profession but needs financial help to earn their Dental Assisting Certificate.

*Selected scholarship applicant will receive \$2000 towards tuition compliments of The Jan and Kelly Brown Scholarship Program.

Please complete this application in full and mail to: Custom Dental 6316 Heritage Ct. Edmond, OK 73025

Applicant Information							
Full Name:				Date:			
	Last	First	•	M.I.			
Address:							
	Street Address			Apartment/Unit :	#		
	City			State ZIP Code			
Parent/Gua	rdian:						
Phone:				Email			
Location Ap	plying for:						
Semester Applying for:				☐ Summer ☐ Fall			
Are you a ci	tizen of the United States?	YES	NO	YES If no, are you authorized to work in the U.S.?	NO		
Have you e	ver worked in the dental field?	YES	NO	If yes, when?			
Have you ever been convicted of a felony?			NO	*This is a legal question that will be checked by the OK Board of Dentistry in regards to acquiring a dental assisting permit.			
If yes, expla	in:						
			Educ	cation			
High School: Address:							
J	YES NO						
From:	To: Did	d you gr	aduate?				

College:		Address:				
From:	To: Did	you graduate?	YES	NO	Degree:	
Other:		Address:				
From:	To: Did	you graduate?	YES	NO	Degree:	
		Refere	ences			
	nree professional references.					
•						
Address:						
Full Name:					Relationship:_	
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Address:						
Full Name:					Relationship:	
Company:						
Address:						
		_				
Company:					Phone:	
Address:						
-					<u>-</u>	
Job Title:						
Responsibilit	ies:					
From:	To:		Reaso	n for Lea	aving:	
May we conta	act your previous supervisor for a	a reference?	YES	_	10]	
Company					Dhono	
Company: Address:						
Addie33.						
Job Title:		_				
Responsibilit	ies:					
From:	To:		Reaso	n for Lea	aving:	

Interests and Activitie	-
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A.	List all College and Highschool Activities by year. Include the name of the organization and your role/involvement.
В.	List your community involvement by year. Include the name of the organization and your involvement.
	the organization and your involvement.
C.	List your interest and hobbies.
D.	Why do you want to be a Dental Assistant?
	Disclaimer and Signature
I certify	y that my answers are true and complete to the best of my knowledge.
	application leads to a scholarship, I understand that false or misleading information in my application may in a forfeit of the scholarship.
Signatu	ure: Date: