



Alliance Dentistry Scholarship Application

Name _____ Date of Birth ____/____/____

Email _____ Daytime Phone _____

Permanent Address

Campus Address

School currently attending

Expected date of graduation mo.____/year____ Degree_____

Major _____ Minor(s)

Overall GPA _____

List any awards, honors or scholarships you have received in the past four years.

Name	Date	Description

List any programs and activities in which you have participated on campus or in the community while in school (such as sports, clubs, student government, Habitat for Humanity, etc).

Activity	Dates Participated

Please submit the following with your completed application to traczka@alliancedentistrync.com:

- College transcript
- Two letters of recommendation
- Brief (250 words or less) essay on your professional aspirations