

**APPLICATION FOR SCHOLARSHIP  
UMKC DIVISION OF DENTAL HYGIENE  
ACADEMIC YEAR 2009 - 2010**

**ALL INFORMATION MUST BE TYPED**

**I. BIOGRAPHICAL INFORMATION**

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Name: Last                                      First                                      Middle                                      Social Security #

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Current Address - Number and Street                                      Apartment No.

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City                                      State                                      Zip                                      Phone  
Number

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Permanent Address - Number and Street (if different from above)                                      Apartment No.

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City                                      State                                      Zip                                      Phone Number

**II. SCHOLARSHIP DESIGNATION**

Below is the list of scholarships for which dental hygiene is considered:

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|-------------------------------------|--|
| Susan Brockmann-Bell Scholarship    | Dr. Otis B. Gentry Scholarship           |
| Alice Rogers Scholarship            | Adam E. Ericsson Scholarship             |
| UMKCDAA Scholarship                 | UMKC D H Alumni Association Scholarship  |
| Trudy Parker Memorial Scholarship   | UMKC D H Class of 1954 Scholarship       |
| Noveta Brown Memorial Scholarship   | UMKCD A Golf Tournament Scholarship      |
| Maxine N. Tishk Scholarship Fund    | Patrick and Jill Hardman D H Scholarship |
| MWDC Room with a View Scholarship   | UMKC D H Professional Scholarship        |
| DH Golden Jubilee Scholarship       | Rinehart General Scholarship             |
| Dr. James E. Herbertson Scholarship | Dr. Pamela Overman Scholarship           |
| UMKCDHAA Scholarship                | Suzanna Zuber Scholarship                |
| Sterilizer Monitoring Service       |  |

**III. FINANCIAL RESOURCES**

I have completed the **Free Application for Federal Student Aid (FAFSA)**.

\_\_\_\_\_ yes                      \_\_\_\_\_ no

To support the existence of financial need, the University Student Financial Aid Office (SFAO) will be contacted for your level of "unmet financial need."

I hereby give my permission for SFAO information to be released to the Division of Dental Hygiene.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. ACADEMIC ACHIEVEMENT & ENROLLMENT STATUS**

Pre-dental hygiene grade point average \_\_\_\_\_ Current grade point average \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**V. CAREER GOAL**

Please use the space below to write a paragraph which describes your goals in Dental Hygiene. Include where you plan to practice.

**VI. EMPLOYMENT**

Please list your current employment status. Include position and number of hours you work each week.

## VII. ADDITIONAL INFORMATION

Please use the space below to explain why you are applying for these scholarships. Include special circumstances which may affect your financial situation during the current academic year. Please be as specific as possible.