

**THE MARGARET FORTIER  
DENTAL AUXILLIARY EDUCATION SCHOLARSHIP  
FUNDED BY THE ALLIANCE OF THE  
ISAAC KNAPP DISTRICT DENTAL SOCIETY**

**INSTRUCTIONS:**

- This scholarship is awarded by The Alliance of the Isaac Knapp District Dental Society based on evidence of academic achievement, financial need and leadership. Typically, the scholarship is a minimum of \$500.00 per year and is renewable.
- Complete the attached application and submit by **Friday, October 23<sup>rd</sup>, 2009 at 5:00 p.m.** to:

IPFW Dental Education Program  
Neff 150

- The following information must be included in the application:
  - Personal Data
  - Applicant's Essay
  - Most Recent High School/College Transcript
  - Financial resources and Expenses
  - Two Letters of Recommendation (i.e. Employer, Teacher, Clergy)
  - Evidence of Acceptance to the Dental Education Program

**REQUIREMENTS FOR ELIGIBILITY:**

- Applicants must be a legal resident of one of the following counties:

Adams	Allen	DeKalb	Huntington	Jay
LaGrange	Noble	Steuben	Wells	Whitley
- Applicants must be accepted in one of the Dental Education programs (Dental Hygiene, Dental Assisting, Dental Laboratory Technology) at Indiana University-Purdue University Fort Wayne.
- An applicant shall not be an immediate family member of a member of the Isaac Knapp District Dental Society.
- Applicants must complete the full year of study and maintain a 2.5 G.P.A.



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**EMPLOYMENT AND FINANCIAL INFORMATION**

Student Name \_\_\_\_\_

Current Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Job Position \_\_\_\_\_ Full-time      Part-time      Summer Only

Please estimate Resources and Expenses for the ACADEMIC YEAR:

Resources

Projected earnings during school year	_____
Present total amount savings/checking	_____
Amount of financial aid from parents	_____
Amount of financial aid from spouse	_____
Amount of scholarships	_____
Amount of grants	_____
Amount of loans	_____

Please detail: \_\_\_\_\_  
\_\_\_\_\_

Other resources \_\_\_\_\_  
TOTAL RESOURCES \_\_\_\_\_

Expenses

Tuition, Fees, Books, Equipment, Instruments	_____
Room and Board	_____
Travel (to/from school)	_____
Other (please specify)	_____
TOTAL EXPENSES	_____

Additional comments regarding the resources and expenses statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATEMENT OF AUTHORIZATION (Please read carefully before signing.)

I certify that the information on this application is correct and complete.  
I authorize any of this information to be released as is deemed necessary and/or  
appropriate for granting this award to me.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

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**ESSAY**

Please write an essay stating your personal and educational goals. Please explain how receiving this scholarship would assist you in meeting these goals.

Signature\_\_\_\_\_

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**RECOMMENDATION**

Student Name \_\_\_\_\_

The above named student is an applicant for a scholarship to continue his/her education. Please detail below your knowledge of the initiative, dependability and other pertinent character qualities of this applicant.

Signature \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date \_\_\_\_\_

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