



Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

5. Undergraduate degree-granting school, if applicable:

\_\_\_\_\_

6. Dental/hygiene/assisting school: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

7. State of residency for tuition purposes, if applicable:

\_\_\_\_\_

8. Did or will someone claim you as an income tax exemption in the most recent tax year? \_\_\_\_ yes \_\_\_\_ no In which state(s) do they live? \_\_\_\_\_

9. Did parent(s), guardian(s) or spouse contribute to your support and/or education expenses in the last twelve months? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how much?

\$ \_\_\_\_\_

Do you or your parents contribute to the support of other dependants? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

Spouse's occupation and employer, if applicable: \_\_\_\_\_

Spouse's total annual gross income: \$ \_\_\_\_\_

10. Do you work or propose to work during the year? \_\_\_\_ yes \_\_\_\_ no

If yes, your monthly income, if known: \$ \_\_\_\_\_

Where do/will you work? \_\_\_\_\_ # of hours per week \_\_\_\_\_

11. Are you eligible for tuition remission or waiver of tuition because of employment, veteran status or for any other reason? \_\_\_\_ yes \_\_\_\_ no. If yes, please describe the type and amount:

\_\_\_\_\_

12. Please describe your interest in the dental field: \_\_\_\_\_

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I certify that the above information is correct and accurate to the best of my knowledge.

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Signature

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Date

\* For identification purposes only