

The Illinois State Dental Society Foundation
P. O. BOX 217 • SPRINGFIELD, IL 62705

*The Paul W. Clopper Scholarship Grant for
Junior Dental Students.*

*Application for those dental students who will be
juniors in the fall semester*

A period of six weeks is required between the filing date of an application and the decision thereon.

Filing Deadline: June 12, 2012

Mail To: PAUL W. CLOPPER SCHOLARSHIP COMMITTEE
P. O. BOX 217, SPRINGFIELD, IL 62705

I hereby make application to The Paul W. Clopper Memorial Scholarship Grant for Junior Dental Students.

(PLEASE TYPE OR PRINT IN BLACK INK)

1. Name _____ Citizenship _____

2. Local Address/Contact Info _____
(street/city/zip)

(current cell phone/e-mail address)

3. Home Address _____
(street) (city) (zip)

4. Born _____ Social Security Number _____
(day) (month) (year)

5. Name and Address of high school from which you graduated _____

6. Name of Parent _____ Occupation _____

7. Address _____
(street) (city) (zip)

8. Approximate Annual Income of Parent Last Calendar Year \$ _____

9. Name of Dental School _____

10. How many Semesters or Quarters Have You Been in Resident at this University? _____

11. Degree You Expect To Receive _____ Year _____

12. Names of Institutions Previously Attended; Dates and Degrees Received: _____

13. Names of Organizations to Which You Belong; Offices Held: _____

14. University Activities (Athletic, Social, Etc.): _____

15. Your Present Personal Charge/Credit Indebtedness:

| Creditor | Address | Amount | Date Made | Date Due |
|----------|---------|--------|-----------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TOTAL \$ _____

16. All Grants and Current Loan Indebtedness

| (a) | Amount | Date Received | Amount Still Due |
|---|--------|---------------|------------------|
| Basic Educ. Opportunity Grant. | _____ | _____ | _____ |
| Illinois State Grant | _____ | _____ | _____ |
| Educ. Opportunity Grant | _____ | _____ | _____ |
| Supplemental Educ. Opportunity Grant. . . | _____ | _____ | _____ |
| Health Professions Scholarship | _____ | _____ | _____ |
| University Grant-in-Aid. | _____ | _____ | _____ |
| University Scholarship | _____ | _____ | _____ |
| Scholarship or Grant From Other Sources . . | _____ | _____ | _____ |

| (b) | Amount | Date Received | Amount Still Due |
|--|--------|---------------|------------------|
| National Direct Student Loan. | _____ | _____ | _____ |
| National Defense Student Loan. | _____ | _____ | _____ |
| Health Professions Student Loan. | _____ | _____ | _____ |
| State Guaranteed Student Loan. | _____ | _____ | _____ |
| Federally Insured Student Loan. | _____ | _____ | _____ |
| Loans from Other Sources. | _____ | _____ | _____ |

TOTAL LOAN INDEBTEDNESS . \$ _____ \$ _____

17. Estimated Income and Expenses for the Coming School Year:

| (a) Income Sources | Amount | (b) Expenses | Amount | Expenses | Amount |
|--------------------------|--------|--------------------|--------|---------------|--------|
| Savings On Hand | _____ | Tuition & Fees | _____ | Clothing | _____ |
| Your Net Earnings | _____ | Board | _____ | Laundry | _____ |
| Spouse Net Earnings | _____ | Room | _____ | Organizations | _____ |
| Gifts | _____ | Books | _____ | Travel | _____ |
| Loans (not shown in #15) | _____ | Personal (itemize) | _____ | Insurance | _____ |
| Loans from University | _____ | | _____ | | _____ |
| Scholarships | _____ | | _____ | | _____ |
| Veteran's Benefits | _____ | | _____ | | _____ |
| Other | _____ | | _____ | | _____ |
| TOTAL | _____ | | | TOTAL | _____ |

18. Married _____ Single _____ Divorced _____

19. Persons Dependent Upon You: Name _____ Extent Per Yr. _____

Name _____ Extent Per Yr. _____

20. Is Your Spouse Presently Employed? Yes _____ No _____ Annual Income \$ _____

21. Are You Presently Employed? Yes _____ No _____ Hourly Wage \$ _____

22. How Many Hours A Week Are You So Employed? _____ Hours/Week

23. How Much Did You Earn Last Vacation? \$ _____ How? _____

24. Two written faculty letters of recommendation attesting to your progress as a student and your activity as a community volunteer must be mailed directly to the Clopper Scholarship Committee by June 12, 2011.

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|--|---------------------------------------|
| 1. Director of Clinics or Dean of Clinical Affairs | |
| 2. Clinical Department Head or Designee | (Submit two letters of recommendation |
| 3. Full time Clinical Faculty Member | from any of the four listed here.) |
| 4. Part Time Clinical Faculty Member | |

25. A transcript for 4 completed semesters, along with your cumulative grade point average, must be mailed directly to the ISDS Foundation Scholarship Committee by June 12, 2012

26. List Past and/or Present Involvement in Community Activities. Include Names and Dates of Organizations and Offices Held.

AFFIDAVIT

I UNDERSTAND THAT I WILL BE FREE TO ACCEPT ALL OR PART OF ANY ASSISTANCE OFFERED ME, AND THAT I MUST FIRST USE ANY ASSISTANCE TOWARDS PAYMENT OF TUITION AND TUITION RELATED EXPENSE. I FURTHER CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISQUALIFICATION. IN ADDITION, I WILL NOTIFY THE ISDS FOUNDATION IN WRITING OF ANY CHANGES IN MY FINANCIAL SITUATION THAT MAY OCCUR AFTER THE FILING OF THIS APPLICATION.

Date

Signature (Sign Only In Presence of Notary)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____.

(SEAL)

Signature of Notary

Address of Notary

My Commission Expires _____