

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

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*The Rock Island District Dental Scholarship  
Grant for Junior Dental Students*

*Application for those dental students who will be juniors in the fall semester. This scholarship is available only to students from the region of the Rock Island District Dental Society (Mercer County, Rock Island County, and northern half of Henry County) who are not immediate family members of a Rock Island District Dental Society member dentist.*

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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: ISDS FOUNDATION ROCK ISLAND DISTRICT DENTAL SOCIETY SCHOLARSHIP  
P. O. BOX 217, SPRINGFIELD, IL 62705

*I hereby make application to The Rock Island District Dental 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: \_\_\_\_\_

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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	_____		_____		_____
<b>TOTAL</b>	_____			<b>TOTAL</b>	_____

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 RIDDS Scholarship Committee June 12, 2011.

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

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.

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**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* \_\_\_\_\_