

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

*The Shapiro Memorial Scholarship Grant
for Senior Dental Students.*

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

(Prior Clopper scholarship recipients are not eligible for the Shapiro Scholarship.)

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 SHAPIRO SCHOLARSHIP COMMITTEE
P. O. BOX 217, SPRINGFIELD, IL 62705

I hereby make application to The David C. Shapiro Scholarship Grant for Senior 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 Shapiro Scholarship Committee by 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 6 completed semesters, along with your cumulative grade point average must be mailed directly to the ISDS Foundation Scholarship Committee 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 _____