



ACDS/NDA SCHOLARSHIP APPLICATION

ANGEL CITY DENTAL SOCIETY / NATIONAL DENTAL ASSOCIATION FOUNDATION

Dear Southern California Dental Student,

On behalf of the Angel City Dental Society I invite you to apply for a scholarship. The ACDS/ NDA Scholarship is specifically for underrepresented students in the Southern California Area who are active members of the Student National Dental Association and possess a strong desire to contribute to underserved communities. We offer this scholarship to encourage those who intend to join us in carrying out their commitment to the underserved beyond graduation. Hence membership in ACDS and NDA upon graduation is expected. Eligible students must attend one of the following dental schools: UCLA, USC, Loma Linda or Western Health Sciences. The deadline for applications to be received is April 2nd. Scholarship recipients will be introduced at our Biennial Installation and Scholarship Gala. For additional information about the National Dental Association (NDA) and the Student National Dental Association (SNDA) please go to www.NDAonline.org and www.SNDAnet.org.

Eligibility Requirements

1. Financial Need
2. United States Citizenship/ Permanent Resident Status
3. Must be 1st, 2nd, or 3rd year dental student in good standing
4. Evidence of community service
5. SNDA Membership Verification- Verification can be a copy of current membership card, letter from SNDA President, copy of cancelled check or receipt from local chapter.

Required Components of Application

1. Letter of Request for Consideration from Candidate
2. Personal Statement
3. Two Letters of Recommendation- one letter must be from the dean
6. Photograph – conservative/ professional original hardcopy required
7. Application

Please forward completed applications via one of the following methods:

Original photographs must be received by mail.

Contact Dr. Eagilen via email for questions or concerns.

Mail applications: Angel City Dental Society
P.O. Box 42143
Los Angeles, CA 90042

Email applications: AngelCityDentalSociety@gmail.com

FAX applications: (866) 725-0067

Deadline: April 02

We wish you much success.

Sincerely,
Dr. Katrina Eagilen
ACDS Executive Director

Angel City Dental Society Mission: To foster comprehensive oral health access, awareness and sustainability in the community via culturally appropriate outreach, professional development, disparity elimination and the recruitment and support of underrepresented minorities into the dental profession.

ANGEL CITY DENTAL SOCIETY/NDA FOUNDATION DENTAL STUDENT SCHOLARSHIP APPLICATION

This scholarship program is intended for under-represented minority students.

PART I

Applicant _____
First Name Middle Name Last Name

Social Security Number _____ Date of Birth _____

Current Address _____
Street City State Zip Code

Permanent Address _____
(Parents Address or residence prior to attending Dental School) Street City State Zip Code

Current Telephone Number _____ Cell Phone Number _____

Permanent Phone Number _____ Email Address _____

Place of Birth _____ Citizenship Status _____
City State Country

Income from previous year _____ Projected income for coming year _____

Marital Status: Married / Single Spouse's Name _____
Circle one only First name Last Name

Spouse's income from previous year _____ Spouse's projected income _____

Number of Dependents _____ Total Assets _____ Total Liabilities _____

Name of Dental School _____

Cost of Tuition and Fees _____

Circle Class: Freshman Sophomore Junior Senior

Name of Undergraduate Institution _____

Address City State Zip Code

Year of completion / graduation _____ Degree Received _____

PART II

Letter of Request/ Personal Statement (One page typed)/ /SAR or GAP Financial Aid Report/

2 Letters of Recommendation (one must be from the dean of the dental school)

PART III

Wallet Size Photograph (hard copy of photograph is required for completion of application)

Applications must be received by: 04/02. Return applications via email/ FAX or US mail

Angel City Dental Society P.O. Box 42143 Los Angeles, CA 90042

Email- AngelCityDentalSociety@gmail.com Subject -Scholarship Application

FAX (866) 725-0067

Direct questions to Dr. Katrina Eagilen (213) 718-2453