



Tri-State Dental Hygienists' Society

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name (Last, First Middle Initial) _____
Birth Date - Month/Day

Street Address _____
Social Security Number

City/State/ZipCode _____
Email Address

Daytime Phone _____
Evening Phone _____
Cell Phone

EDUCATION:

High School

Name and Location: _____

Years Attended: _____

Date Graduated: _____

Subjects / Majors: _____

College / Trade School

Name and Location: _____

Years Attended: _____

Date Graduated: _____

Subjects / Majors: _____

Name and Location: _____

Years Attended: _____

Date Graduated: _____

Subjects / Majors: _____

I AFFIRM ALL INFORMATION SUBMITTED WITH THIS SCHOLARSHIP APPLICATION TO BE ACCURATE BY PLACING MY SIGNATURE BELOW. I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION OF FACTS WILL RESULT IN THE TERMINATION OF MY APPLICATION AND REIMBURSEMENT OF ANY FUNDS AWARDED TO ME.

Signature _____
Date