



## AACD APEX Student Scholarship Application

### I. Personal History

Name (Last, First, Middle): \_\_\_\_\_ Other names under which you have attended school or been employed: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Male     Female    **Citizenship:**     U.S.A     Resident Alien     Foreign \_\_\_\_\_

### II Academic History

1. Please list ALL current and previous college and universities attended, including professional schools.

Name of School	City/State	Month / Year Attended		Major	Date Received
		From	To		
High School:					
College:					
College:					
Dental School:					

Other credentials/ licenses/ professional affiliations, etc:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Forthcoming recommendation letters: (2 required for this application)

Name:

Affiliation:

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Name:

Affiliation:

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### III. Educational Plans

1. Describe your future academic plans:

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### IV. Instructions

1. Forward the following items to the American Academy of Cosmetic Dentistry:

Attention: Amy Ballard, 402 West Wilson Street Madison, WI 53703 **by February 1, 2013**. If you have any questions feel free to contact the Professional Education Department or email [amyb@aacd.com](mailto:amyb@aacd.com) for any questions.

- a. Scholarship application
- b. Two letters of recommendation
- c. Essay paper (500-1000 words) on the social or scientific value of cosmetic dentistry

I certify that all information provided as part of this application is correct and accurate. False statements or misinterpretations will disqualify the applicant.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_