

ProSites Pay It Forward Dental Scholarship Application

Applicant's Full Name: Last _____ First _____ MI _____

Applicant's Accredited Dental Program: _____

By filling out and signing this document the applicant hereby affirms the following stipulations and accepts the following conditions.

- The applicant affirms their intention to pursue a DMD or DDS degree.
- The applicant affirms their intention to continue a personal commitment to community service and volunteerism.
- The applicant affirms their understanding of and acceptance of the ProSites Pay it Forward Scholarships conditions.
- The applicant affirms that all information has been made complete and accurate to the best of the applicant's abilities.

In addition the applicant grants the following permissions:

- This document constitutes written permission for representatives of the ProSites Dental Education Scholarship Committee to verify any and all claims made by the applicant during the application process. The applicant gives permission to all educational and volunteer organizations named in this application to release any pertinent information to representatives of the ProSites Pay it Forward Scholarship Program including transcripts, academic records, and work records. The applicant understands that this information will only be made available to qualified people who need such access in the performance of their duties.
- The scholarship recipient waives all rights to their personal statement which may be used in whole or in part by ProSites for the sole purpose of promoting the Pay it Forward Dental Scholarship program.

Applicant's Contact Information

Address 1 _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Applicant
Signed _____ Date _____

Volunteerism Reporting Worksheet

Please report all volunteer work performed in the last five years and attempt to be as thorough and accurate as possible. Required volunteer hours will be considered.

Organization Name	
Dates Volunteered	
Location (City, State)	
Job Description	
Supervisor	
Supervisor's Contact Phone	
Hours Worked (initialed and dated)	

Organization Name	
Dates Volunteered	
Location (City, State)	
Job Description	
Supervisor	
Supervisor's Contact Phone	
Hours Worked (initialed and dated)	

Organization Name	
Dates Volunteered	
Location (City, State)	

Job Description	
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