

**The Missouri Academy of Pediatric Dentistry
2017 Dental Mission Scholarship Fund**

1. DEADLINE for scholarship applications is November 30, 2016.
2. Refer to criteria below for eligibility requirements.
3. The scholarship recipient will be announced at the MoAPD Annual Business Meeting.
4. If you have any questions about the application contact Mark Fernandez at drf@dentistforkids.net

Purpose: To provide a \$750 scholarship to help defray the expenses related to travel, accommodations, and supplies for a dental mission trip that provides dental care to underserved children living in third world countries.

Award Components: One (1) \$750 scholarship awarded to one (1) Missouri dental or pre-dental student selected by the MoAPD Scholarship Committee.

Criteria:

1. Applicant must be a dental student or pre-dental student in Missouri.
2. Student will be chosen based on need, character, leadership, and initiative.

Application Process:

Applicant must submit the following items:

1. A personal statement letter to the MoAPD describing his/her involvement with a dental mission trip. They should describe the details and purpose of the mission, including the destination of the trip, the group they will be serving and what the expenses are. They should also briefly describe themselves with regard to their education and future ambitions, educational, and career goals.
2. Two professional references.

Deadline for the application is **Wednesday, November 30, 2016.**

Applications postmarked after this date will not be considered.

Please mail application to:

**The Missouri Academy of Pediatric Dentistry
c/o Dr. Craig S. Hollander
3555 Sunset Office Drive #210
Saint Louis, MO 63127**



**MoAPD Dental Mission Scholarship Fund
Application 2017**



Name:

Mailing Address:

Street:

City:

State:

Zip

E-Mail:

Telephone Number: ()

What school do you presently attend?

What year will you graduate?

Date of Dental Mission Trip: Month Day Year:

Destination of Dental Mission Trip:

What group will you be serving?

Have you been on a Dental Mission Trip before?

If yes, please list location(s) and date(s) of service:

Please list any other dental outreach services you have participated in:

Please provide the names and contact information for two (2) professional references:

Personal Statement Letter: You can use more pages if necessary.

