

**The Missouri Academy of Pediatric Dentistry  
2018 Dental Mission Scholarship Fund**

1. DEADLINE for scholarship applications is December 31, 2018.
2. Refer to criteria below for eligibility requirements.
3. The scholarship recipient will be announced after all submissions have been reviewed and voted upon.
4. If you have any questions about the application contact Mark Fernandez at drf@dentistforkids.net

**Purpose:** To provide a \$1000 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) \$1000 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:

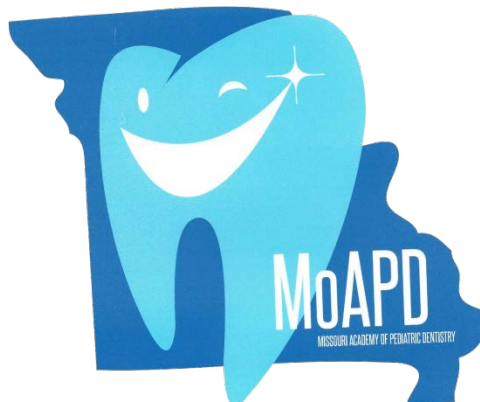
1. A personal statement letter to the MoAPD describing his/her involvement with a dental mission trip. They should describe the details and purpose of the mission, including the destination of the trip, the group they will be serving and what the expenses are. They should also briefly describe themselves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

**Deadline for the application is Sunday, December 31, 2018.**

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 2018



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.**

