



The South Dakota Dental Foundation has the following scholarships available for dental students from South Dakota. Each scholarship is \$5,000:

Dr. Monty & Peggy Bechtold Scholarship

Dr. Mike Houk Scholarship

Mike H. Shaw Scholarship

Scott & Julia Jones Scholarship

Dr. Roger & Diane Wilson Scholarship

Dr. David M. Meyer Scholarship

Dr. John and Colette Carrels Scholarship

Eligibility:

- Students must be entering their third or fourth year of dental school.
- Students must be graduates of a South Dakota high school.
- Students must be a member of their school's ASDA chapter.
- Students must be committed to practicing in South Dakota upon graduation.

The deadline for submitting a completed scholarship application is May 1.



PLEASE PRINT CLEARLY/TYPE ALL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day/Cell): _____ Email: _____

Dental School Attending: _____ Student ID # _____

Date of Birth _____

Scholarship will be used for which year of dental school? D3 D4

THE FOLLOWING REQUIREMENTS WILL BE CONSIDERED:

1. How many years have you been a resident of South Dakota? _____
2. High School Name & City: _____ Graduation Year: _____
3. Are you a member of the American Student Dental Association? Yes No
4. Have you received a previous scholarship from the SDDF: Yes No

FINANCIAL NEEDS ASSESSMENT:

1. Will you be employed while in school or on break? Yes No
If so, what type of job, how many hours and do you expect this to defray the cost of education and/or living expenses?
2. How much student debt (dental school debt only) do you expect to incur and what are your plans for paying it down?
3. Do you have other financial obligations not reflected in this application and how do they impact your financial need?
4. Marital status: Single Married Divorced Separated Widowed
5. Do you have any children, or other dependents, who you support financially? Yes No
If so, how many? _____

PLEASE RESPOND TO EACH OF THE FOLLOWING: (please do not use more than one page per topic)

1. What inspired you to become a dentist, and how have you prepared yourself for this profession? Was there any particular individual or event that had an influence on your decision? Also, please tell us about your academic background and job experiences.
2. Because a dentist, besides being a clinical practitioner, is also expected to be a leader of a greater service community, how have you prepared for this role? Please describe extracurricular service activities you have been involved with and what leadership positions you have held.
3. In assessing your determination to become a dentist, can you tell us what obstacles, if any, you have had to overcome, such as financial or personal circumstances, that have tested your determination to succeed? How have you found solutions?
4. What kind of practice do you envision for yourself? For example, will it be in an urban or rural setting? Where will it be in South Dakota? Do you plan on specializing?
5. What special talents do you have that will assist you in becoming a dental professional? Do you have hobbies or special interests you feel will enable you to make a positive contribution to your patients, community and profession?
6. Share how you, as a practicing dentist, intend to provide meaningful oral health care to the underserved and less fortunate members of the community in which you practice.

REFERENCE FORMS:

The SDDF requires three letters of recommendation. Two from dental school representatives who are members of the American Dental Association (i.e., professor or academic advisor), plus one access to care activity representative*. Family members cannot provide letters of recommendation. Each reference should type a letter of recommendation on their professional letterhead and sign their letter. The letter can either be provided to the applicant in a sealed envelope to include in their scholarship application, or the reference letter can be mailed to SDDF, 804 N Euclid Ave, Suite 103, Pierre, SD 57501. Please list below those three individuals who will be submitting the reference letters:

Name	Relationship to applicant
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Name	Relationship to applicant
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Name	Relationship to applicant
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*An access to care representative is any clinician or individual who is involved in significant charitable outreach.

APPLICANT STATEMENTS:

I hereby authorize the release of my academic records to the SDDF only for the purpose of evaluating my application for the Dental Student Scholarship.

I hereby attest that all information contained herein and in the accompanying materials is true to the best of my knowledge. I further agree that knowingly providing false information in this application will result in my not being considered for the scholarship and will result in action for repayment of any monies awarded if the information is later found to be false. I authorize that officers and staff of the SDDF, or its agents, may receive and verify all information pertinent to this application.

Name (please print): _____

Signature: _____

Date: _____



Return application and supporting documents to:

South Dakota Dental Foundation
804 N Euclid Ave, Suite 103, Pierre, SD 57501
paul.knecht@sddental.org