

Dental Hygiene Program (DHP)
College of Applied Sciences and Arts (ASA)
Southern Illinois University Carbondale

2017 DENTAL HYGIENE PROGRAM TUITION WAVIER SCHOLARSHIP APPLICATION

Type in your personal and program/degree information, print, *Sign*, and return ALL application materials to the Dental Hygiene Program Director) by the Application/Submission due date. **DUE 12/1/16**

1. Name: _____

2. SIUC DawgTag #: _____ 3. SIUC Email Address: _____

4. Mailing Address: _____

5. Telephone (Home): _____ (Mobile): _____

6. Number of Semester Hours Completed in Major: _____

7. Number of Semester Hours Currently Enrolled In: _____

8. SIUC Grade Point Average: _____

9. Year in School (Freshman, Junior, etc.): _____

10. Participation and positions held in student/professional organizations, community organizations, and volunteer service (*attach page if necessary*): _____

11. Certifications held or other specific skills related to the major (*attach page if necessary*): _____

12. Financial Aid Received to date and Amounts (*Type in an "X" for No or None or provide Amount(s) received in the fields provided below*):

None: _____	No FAFSA Form on File: _____	Pell: \$ _____	MAP: \$ _____
Direct Student Loans: \$ _____	ASA Scholarship \$ _____	Other: \$ _____	

Additional Application Requirements:

The applicant will attach a one-page typewritten summary of their personal goals and objectives, as well as a statement regarding why they feel they are deserving of a tuition wavier scholarship.

CERTIFICATION/TUITION WAVIER STATEMENT:

I attest that the above information is true and accurate. I understand that any information found to be untrue or inaccurate may disqualify me from consideration, and I may be required to forfeit the award. If this statement is not signed and all supportive materials (as needed) are not provided as stated above, the application will be considered incomplete and not considered for this award.

As an applicant for or recipient of a tuition wavier award from Southern Illinois University Carbondale, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition wavier is in effect.

Signature: _____ Date: _____

RETURN THIS SIGNED APPLICATION AND ALL SUPPORTIVE DOCUMENTS TO DH PROGRAM DIRECTOR IN ASA ROOM 18 or e-mail: fymbaqs@siu.edu

(Adapted use from ISAT/ASA Fall 2014)