

TUITION GRANT INFORMATION  
West Michigan Dental Foundation

Enclosed, please find your requested application. Additionally, please review the following information carefully and submit the required forms by the due date listed below.

The West Michigan Dental Foundation (WMDF), in cooperation with several other dental organizations, is pleased to offer grants for tuition and books to qualified students currently enrolled in Dentistry, Dental Hygiene and Dental Assisting programs in the State of Michigan. The grant awards are based on the applicant's financial need, academic credentials, and the brief committee interview.

Each year the Tuition Grant Committee determines the number of grants that are offered, the value of each one and select students to be WMDF grant recipients. The maximum grant for dental students is \$2,500, for dental hygiene students \$1,000, and for dental assisting students \$500. There is no obligation to repay these grants. It is the desire of the WMDF that the student will become a supportive member of the Foundation and the West Michigan dental community.

**The following criteria apply:**

- The applicant must be a resident of or originally from one of the following West Michigan counties: Kent, Ionia, Mecosta, Montcalm or Ottawa.
- The applicant must be enrolled in a comprehensive dental program accredited by the American Dental Association Commission on dental accreditation. Each must be a full time student in a campus-based "hands on" program.
- Dental students must have completed their first year of dental school prior to making application and they are ineligible if they are in their final year of dental school. Dental graduate students will not be considered for a grant.
- Dental hygiene students must have completed their first year of prerequisite dental hygiene classes and their first semester of clinical dental hygiene classes prior to making application. Hygiene students are ineligible if they are in their final year of hygiene school.
- Dental assisting students must have completed their first semester of dental assisting courses prior to making application.
- **The WMDF Tuition Grant is an award that may be received only one time per student.**

The following information must be returned by the **January 15** deadline.

1. Your completed application
2. Your official transcript from the school where you are currently enrolled
3. Two letters of recommendation: one from a school faculty member and one from a personal mentor (not a relative) who can speak to your character.
4. A color photograph of yourself to be featured in a magazine if you are selected as a recipient - This can be emailed to the Grant Committee Chairman

All information should be mailed in one envelope to:

West Michigan Dental Foundation Tuition Grant Program  
C/O Dr. Mark Wierenga, Chairman  
3131 44<sup>th</sup> St SW  
Grandville, MI 49418

Interviews will be scheduled for qualifying grant applicants in February/March 2017.  
If you have any further questions, I can be reached by email [drmark@awbraces.com](mailto:drmark@awbraces.com)

Sincerely,

Mark Wierenga, Chairman  
Tuition Grant Committee

**WEST MICHIGAN DENTAL FOUNDATION  
TUITION GRANT APPLICATION**

**DATE:** \_\_\_\_\_

<b>Name</b> _____	<b>Spouse name</b> _____
Current address _____	Occupation _____
City/State _____ Zip _____	# of Children _____ Ages _____
Phone _____	# of Siblings _____ Ages _____
Cell phone _____	<b>Father's name</b> _____
Email address _____	Address _____
Date of birth _____	City/State _____ Zip _____
County of birth _____	Occupation _____
SS # _____	<b>Mother's name</b> _____
Home Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
County _____	Occupation _____

**EDUCATION:**

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_

College \_\_\_\_\_ Dates attended \_\_\_\_\_ GPA \_\_\_\_\_  
Major \_\_\_\_\_ Graduation date \_\_\_\_\_

College \_\_\_\_\_ Dates attended \_\_\_\_\_ GPA \_\_\_\_\_  
Major \_\_\_\_\_ Graduation date \_\_\_\_\_

Other training or certification \_\_\_\_\_ Graduation date \_\_\_\_\_

Current School \_\_\_\_\_ Planned Graduation date \_\_\_\_\_

Degree you are seeking \_\_\_\_\_

**Total Dental Education Debt** \_\_\_\_\_ **Cost of tuition this school year** \_\_\_\_\_

**EMPLOYMENT AND VOLUNTEER EXPERIENCE:**

Current place of employment \_\_\_\_\_

Job title \_\_\_\_\_ Average hours per week \_\_\_\_\_

Are you eligible for tuition reimbursement from your employer? \_\_\_\_\_

If so, how much per year? \_\_\_\_\_

List any previous employment during the past five years (include dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current or previous community involvement or volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION: Enclose a copy of current FAFSA or complete this section.**

**APPLICANT: (including spouse if applicable):**

**PARENT(S):**

Estimated income before taxes for current year:

Estimated income before taxes for current year:

Personal \_\_\_\_\_

Father \_\_\_\_\_

Spouse \_\_\_\_\_

Mother \_\_\_\_\_

Do you own a home or rent? \_\_\_\_\_

Do your parents own their home?

Father \_\_\_\_\_ Mother \_\_\_\_\_

List your major monthly expenses:

Housing \$ \_\_\_\_\_

\$ \_\_\_\_\_

Food \$ \_\_\_\_\_

\$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

\$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

\$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other \$ \_\_\_\_\_

\$ \_\_\_\_\_

List any loans, grants, or other assistance and the yearly amount for the next school year:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

List any association memberships and extra curricular activities you have been involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please type a paragraph or two about:

- your personal goals.
- your educational goals.
- explain any special circumstances, which will create a financial need for you.

You may attach a separate sheet if desired.

In order to help the committee facilitate the interview process, please list:

School break dates \_\_\_\_\_

Exam dates \_\_\_\_\_

If out of town, dates you will be in GR \_\_\_\_\_

I hereby acknowledge that all information on this application is correct to the best of my knowledge. I understand that the information on this form is strictly confidential and will be used only by the West Michigan Dental Foundation Tuition Grant committee. I give consent to the committee to verify any information on this application to determine grant eligibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email completed application to [DrMark@AWbraces.com](mailto:DrMark@AWbraces.com) by January 15  
WE LOOK FORWARD TO MEETING YOU!