**San Diego County Dental Foundation**

**2020 Pre-Dental Student Scholarship Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Units Completed: \_\_\_\_\_\_\_ Overall GPA: \_\_\_\_\_\_\_

Science Courses Completed: \_\_\_\_\_\_ Science GPA: \_\_\_\_\_\_\_

Dental School you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe your involvement in pre-dental activities and your school’s pre-dental program.
2. Describe the significance of any extracurricular activity that demonstrates your leadership ability. Be very specific and mention any organizations and offices in them that you have held. What goals did you accomplish?
3. Why would you like to become a dentist? Why do you believe you are uniquely qualified to be a dentist? What type of dentistry do you see yourself practicing in 10 years?
4. Please provide the contact information of your extracurricular activities:

Name:

Email:

Phone:

 Please have them write a few sentences about your extracurricular involvement.