



Tri-State Dental Hygienists' Society

366 E. Gorgas Lane Philadelphia PA 19119 215-457-5719 215-215-844-8011-fax

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name (Last, First Middle Initial) Birth Date - Month/Day _____

Street Address Social Security Number _____

City/State/ZipCode Email Address _____

() _____ () _____ () _____
Daytime Phone Evening Phone Cell Phone

EDUCATION:

High School

Name and Location: _____

Years Attended: _____

Date Graduated: _____

Subjects / Majors: _____

College / Trade School

Name and Location: _____

Years Attended: _____

Date Graduated: _____

Subjects / Majors: _____

Name and Location: _____

Years Attended: _____

Date Graduated: _____

Subjects / Majors: _____

I AFFIRM ALL INFORMATION SUBMITTED WITH THIS SCHOLARSHIP APPLICATION TO BE ACCURATE BY PLACING MY SIGNATURE BELOW. I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION OF FACTS WILL RESULT IN THE TERMINATION OF MY APPLICATION AND REIMBURSEMENT OF ANY FUNDS AWARDED TO ME.

Signature Date _____