

MINNESOTA STATE UNIVERSITY, MANKATO
Department of Dental Hygiene

Directions For Completing Scholarship Applications

- Please complete a **separate** general "Scholarship Application" form to **each** scholarship for which you are applying.
- **Permanent** address as well as **local** address must be included.
- You must complete a **separate** "Individual Scholarship Application" **for each** scholarship for which you are applying.
Alice Weed Scholarship
Wornson/Polzin Scholarship
MSU Foundation Scholarship
- Please deliver or send to the Department of Dental Hygiene office.

Attention: Scholarship Committee
Minnesota State University, Mankato
Department of Dental Hygiene
3 Morris Hall
Mankato, MN 56001

- All Scholarship applications are due by Noon on Friday **Feb. 13, 2004**. Please turn these in to LeeAnn Christian, Secretary. Place all of your materials in one large sealed manila envelope.
- **No** late submissions will be honored.
- Scholarship recipient(s) will be notified by the Department of Dental Hygiene

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Please complete one "Scholarship Application" and as many "Individual Scholarship Application" forms as the number of scholarships for which you are applying.

Scholarship Application

Date _____

Name _____

Social Security # _____

Permanent Address

Local Address

Permanent Phone # _____

Local Phone # _____

Career GPA _____

Dental Hygiene GPA _____

(Please attach a current copy of your official transcript)

Hometown Newspaper and Address

If awarded a scholarship/award, I give the Department of Dental Hygiene permission to release this information to my hometown newspaper. Yes _____ No _____

Upon announcement of the scholarship award, I understand that I must submit a handwritten Thank you note to the donor in an addressed and stamped envelope to the Chair of Dental Hygiene. The scholarship will be processed following completion of this step.

I agree _____

Signature

Date