



**GREAT FALLS
COLLEGE**

MONTANA STATE
UNIVERSITY

2019-2020 MT Oral Health Foundation Dental Assisting Scholarship Application Instructions

The MT Oral Health Foundation Dental Assisting Scholarship at Great Falls College MSU offers scholarship dollars to students pursuing the Dental Assisting program. The scholarships are \$1000 each. The number of scholarships awarded will be based on available funding. The awards will be disbursed in two equal segments, one for each semester (Fall and Spring). Each semester, upon verification after the 15th day of class that the recipients are enrolled in the specified course work for the Dental Assisting program, the scholarship will be applied to the student account for payment toward tuition, fees, books, and supplies. Scholarship recipients must maintain satisfactory academic progress.

ELIGIBILITY

The **MT Oral Health Foundation Dental Assisting Scholarship** award recognizes students who:

- Will be enrolled at Great Falls College MSU as a regular student in the Dental Assisting program
- Are enrolled full time
- Maintain a 2.5 GPA or above
- Are a Montana Resident
- Demonstrate their personal desire to become a Dental Assistant

SCHOLARSHIP AWARD

- The **MT Oral Health Foundation Dental Assisting Scholarship** will award up to two (2) \$1000 scholarships.

APPLICATION PACKET REQUIREMENTS:

1. **Scholarship Application:** Complete the application form in its entirety.
2. **Personal Statement:** One statement in paragraph format discussing why you have chosen Dental Assisting as your career. Please limit to no more than one page.
3. **Current Unofficial Transcripts:** New freshmen must submit a current high school transcript. Transfer students must submit the most recent college transcript. Continuing GFC students who have **completed** at least one term at Great Falls College MSU do not need to submit transcripts.

Application deadline: The application and all documents must be postmarked by **September 6, 2019**. Please mail or submit to:

Financial Aid Office
Great Falls College MSU
2100 16th Ave South
Great Falls, MT 59405
FAX: (406) 771-4410

The Scholarship Selection Committee has the right to reject any incomplete applications.



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Name _____

GFC MSU Student ID _____

Phone _____

Email _____

Address _____

Address _____

City, State, Zip _____

High School Last Attended _____ Date of High School Graduation _____

Year Attending GFC MSU _____

US Citizen Yes No

State of Legal Residence _____ If Montana, county _____

Federal law requires Great Falls College MSU to obtain written permission from the awardee for the release of academic and biographical information to the scholarship donor and/or news media. By signing below, I agree that relevant information may be released. Furthermore, by signing below, I confirm the accuracy of the enclosed information and understand that any false or misleading statements may invalidate my application.

Signature _____ Date _____