AKRON DENTAL SOCIETY CLAYPOOL FUND

Scholarships Available

Must be received by July 1 of the current year

The Akron Dental Society Claypool Fund has been established within the ODA Foundation by Dr. James F. Claypool. The purpose of this fund is to honor his parents and to award a yearly scholarship to an individual who would like to study in the field of dentistry. **Scholarships would be available for a student from Summit or Portage County** who is in dental school, dental hygienist school, or an assistant or dentist who wishes to take advanced dental training.

The applicant must be sponsored by an Akron Dental Society member with a letter in writing to the Akron Dental Society included with this application.

A committee of past presidents of the Akron Dental Society reviews the applications and selects candidate(s) to receive a scholarship. The committee meets in September to review all applications and make their determinations. Applicants may be called for a personal interview.

Candidates seeking a scholarship must have demonstrated financial need for this assistance and also be able to tell the committee of their goals and thoughts regarding the dental profession.

Completed applications must be received at the Akron Dental Society office, 565 Wolf Ledges Parkway, Akron, OH 44311 no later than July 1 of the current year. Questions should be directed to the Akron Dental Society at (330) 376-3551.

Scholarship Application Essay

Please attach a one-page essay which answers the items listed below. Put your full name at the top of your essay page. You can also submit a CV with your application.

- **What factors resulted in your decision to study the field of dentistry?**
- **What makes you stand out? Highlight awards, activities, etc.**
- **What are your future goals?**
- **Why do you need a scholarship? (Explain any financial need)**

I certify that to the best of my knowledge the information supplied in this application is true.

Signature of applicant _____ Date_____

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Scholarship Application

This scholarship is available to students who are enrolled in a dental hygiene or a dental assisting course for a period of one year. It may be possible to renew this yearly depending on circumstances.

Full Name _____

Social Security # _____

Present address _____

Parent's Address _____

Home Phone _____ Parents Phone _____

Birth Date _____

Single _____ Married _____

High School & Graduation Date _____

College Degree _____ School _____

No Degree: List Credits & College Attended _____

What Degree are you working towards? _____

What Dental School are you enrolled? _____

What Hygiene/Dental Assisting Program are you enrolled? _____

Will you be a full time student? _____

Will you also be employed while in school? _____

Expected date of graduation? _____

Your (& spouse) adjusted income last year? _____

What is your total net worth? _____

Are you receiving any other scholarships or aid? _____

PARENTS TO COMPLETE: (Must be completed)

Your adjusted gross income last year? _____

What is your current net worth? _____

Do you have other children to educate? _____

What are your children's ages? _____

How many children in college in current year? _____

Are there any special considerations that we should know? _____