

## MoAPD 2020 Dental Missions Scholarship Fund

DEADLINE for scholarship applications is December 31, 2019.

Refer to criteria below for eligibility requirements.

The scholarships will be awarded after submissions have been reviewed and voted upon.

If you have any questions about the application contact Dr. Mark Fernandez at [drf@dentistforkids.net](mailto:drf@dentistforkids.net)

**Purpose:** To provide two (2) separate \$500 scholarship to help defray the expenses related to travel, accommodations, and supplies for a dental missions trip to provide dental care to underserved children living in third world countries.

**Award Components:** Two (1) \$500 scholarships will be awarded: one (1) will go to a dental student from UMKC, and one (1) will go to a dental student from AT Still MOSDOH. Missouri Pre-dental student will also be considered

### Criteria:

1. Applicants must be a UMKC or MOSDOH dental student or pre-dental student from Missouri.
2. Student will be chosen based on need, character, leadership, and initiative.

### Application Process:

Applicant must submit the following items:

1. A personal statement letter to the MoAPD describing his/her involvement with an upcoming dental mission trip. They should describe the details and purpose of the mission, including the destination of the trip, the group they will be serving, what the expenses will be. The student should briefly describe themselves with regard to their education and future ambitions, educational, and career goals.
2. Two professional references.

Deadline for the application is Tuesday December 31, 2019. Applications postmarked after this date will not be considered.

Please mail application to:  
MoAPD  
c/o Craig Hollander  
3555 Sunset Office Drive #210  
Saint Louis, MO 63127



MoAPD Dental Missions Scholarship Fund  
Application 2020

Name:

Mailing Address:

Street:

City:

State:

Zip:

E-mail address:

Daytime Telephone Number: (    )

What school do you presently attend?

:

What year will you graduate?

Date of Dental Mission Trip:

Month

Day

Year:

Destination of Dental Mission Trip:

What group will you be serving?

Have you been on a dental mission trip before? Yes      No

If yes, please list location(s) and date(s) of service.

Please list any other dental outreach activities you have participated in:

Please provide the names and contact information for two (2) professional references:

Please describe your involvement and with an upcoming dental mission trip. You should include the purpose of the mission, details of the trip, and expenses you expect to incur. You should also describe yourself with regard to their education and future ambitions, educational, and career goals. You may use additional paper if necessary.