



**“CUSTOM DENTAL CARES”**  
The Jan and Kelly Brown  
Scholarship Program

### Scholarship Application

The Custom Dental Cares Dental Assisting Scholarship was created to make it possible for students to live their dreams while making a positive impact in the dental profession and our community.

To be awarded to a Custom Dental Assisting School Applicant who would be an asset to the Dental Profession but needs financial help to earn their Dental Assisting Certificate.

\*Selected scholarship applicant will receive \$2000 towards tuition compliments of The Jan and Kelly Brown Scholarship Program.

Please complete this application in full and mail to:

Custom Dental  
6316 Heritage Ct.  
Edmond, OK 73025

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Parent/Guardian: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location Applying for: \_\_\_\_\_

Semester Applying for:  Winter/Spring  Summer  Fall

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked in the dental field? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  \*This is a legal question that will be checked by the OK Board of Dentistry in regards to acquiring a dental assisting permit.

If yes, explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

