

SPONSORSHIP APPLICATION



Please type your answers.			
1.	Last Name:	First Name:	
2.	Mailing Address		
	Street:		
	City:	State:	Zip:
3.	Daytime Telephone Number:()		
	Email Address:		
4.	Date of Birth: Month Day Year	Gender:	
5.	Cumulative Grade Point Average (GPA): _____ On a 4.0 scale)		
	<small>Attach proof of GPA. Your most recent school transcript is required.</small>		
6.	Are you the first person in your family to go to college: YES ___ NO ___		
	Are you a member of BrownGirl, RDH organization: YES ___ NO ___		
7.	Name and location of High School:		
8.	(If your resume or activities sheet answers question 8, please attach and skip to Question 9.)		
	A. List any academic honors, awards and membership activities while in high school:		
	B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:		
	C. List your non-school sponsored volunteer activities in the community:		
9.	A. what degree attempt will this be for you; type of college degree pursuing:		
	B. are you accepted or enrolled in the dental hygiene program, if so which school:		
10.	List Family Gross Annual Income from last year Income Tax Form 1040 Line #22: \$		
	<small>(If selected, recipients may be asked to verify annual household income is under \$75,000 by supplying pg. 1 of their 2012 IRS Income Tax Form)</small>		
11.	Is your <u>parent or legal guardian</u> supporting you? Yes _____ No _____		
	If your answer is 'yes' please answer blocks A, B, C below. If your answer is 'no' go to item 14.)		
12.		A. His/her full name:	
		B. Job Title	
		C. Place of employment:	

13.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s) : Street: City: State: Zip: Home phone of parents or legal guardians: Work phone:
-----	--

14. On a separate sheet please write an essay (500 words) each answering the questions below:

1. Pick an experience from your own life and explain how it has influenced your development.
2. From a financial standpoint, what impact would this sponsorship have on your education?

SPONSORSHIP APPLICATION

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen to be sponsored my picture may be taken and used to promote the BrownGirl, RDH and its program.

I hereby understand that if chosen to be sponsored according to BrownGirl, RDH and its policy, it is my responsibility to remit to the Organization the appropriate information for my sponsorship.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this sponsorship.

Signature of scholarship applicant: _____ **Date:** _____

STATEMENT OF SUPPORT BY DEPARTMENT CHAIR

I hereby affirm that this application meets the criteria set forth by the organizations program and that I support this application to BrownGirl, RDH.

Name of Department Chair submitting the application: _____

Dental Hygiene School: _____

Contact information (email and phone): _____

Signature of Department Chair: _____ **Date:** _____

Checklist

- Application
- Essay
- Resume
- Department Chair signature
- School Transcript

EMAIL COMPLETE APPLICATION PACKET TO THE ORGANIZATION AT:
BROWNGIRL, RDH P.O BOX 64661 FAYETTEVILLE NC 28306
INFO@BROWNGIRLRDH.ORG