YORK COUNTY COMMUNITY FOUNDATION

SCHOLARSHIP REQUEST

Tom Adams, Jo Hunger, George LaMotte Scholarship

The York County Dental Society established this Fund to provide financial assistance to York County residents studying to become dentists, dental specialists and dental hygienists. The Fund is named in memory of Drs. Thomas Adams and George LaMotte, former members of the York County Dental Society, and Mrs. Arthur Hunger, Jr., former member of the York County Dental Auxiliary, who administered the Dental Society's student loan program which preceded the establishment of this Fund in 1999.

Consideration for this scholarship shall be given to students fulfilling the following qualifications:

- Applicant should have completed at least one year of study at a college or university;
- Applicant must have a permanent address in York County, Pennsylvania;
- Applicant must be a student of good standing pursuing studies to be a dentist, dental hygienist or dental specialist and eligible to receive scholarships based on merit or on financial need;
- Preference shall be given to students who have a proven need for funds to meet their necessary college expenses;
- Preference given to but not limited, to the following schools: University of Pittsburgh, University of Pennsylvania, Temple University, Harrisburg Area Community College.

CANDIDATE INFORMATION	
Name:	
Permanent Address:	
Telephone: ( )	Email:
High School: (Class of 20_____) GPA:	Undergraduate degree: (Class of 20_____) GPA:
Name of accredited college, university or technical/trade school to which student is enrolled fulltime. Include course of study Dental School or Dental Hygiene Program). Year of Study: GPA:	

The following information must be included with the application:

- Attach letter of recommendation from an authorized school representative describing student's school activities and future promise in the dental field.
- Attach brief essay written by student describing future career plans.
- Verification from College/University Financial Aid Office of tuition amount, other sources of aid and evidence of financial need.
- Verification that student is in second year (or higher) of the dental program
- Attach copy of grade transcript.

I certify that the information provided with this application is true and accurate to the best of my knowledge.

_____ _____

Signature of Student Date

Please submit full application no later than April 1 to:

Sandy Aulbach
York County Community Foundation
14 W. Market Street
York, PA 17401

Please contact Sandy Aulbach (717-848-3733) or saulbach@yccf.org if you have questions regarding this application.