

Academic Grant Application

UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF DENTISTRY & SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF DENTAL MEDICINE

DEADLINE: NOVEMBER 1, 2010

Name: _____

Social Security #: _____

Address: _____

City/State and Zip Code: _____

Telephone: _____ E-mail: _____

Class level for 2010-2011: Sophomore Junior Senior

Dental school: UIC SIU

GPA: _____

Have you previously been awarded a CDS scholarship? yes no

Individual grants will be provided to students who meet the following criteria:

- Must be a U.S. citizen or permanent resident ("green card" holder)
- Must fulfill a one full-day or two half-day Midwinter Meeting assignment

Please list the names and addresses of three persons (teachers and others who are not relatives) who, if asked will submit recommendations on your behalf:

CERTIFICATION

In accordance with the requirements for CDS Academic Grant awards, I hereby certify that:

- To the best of my knowledge and belief, statements in this grant application are true and correct.
- I understand that the Chicago Dental Society, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with the University of Illinois at Chicago College of Dentistry or Southern Illinois University School of Dental Medicine and the CDS Grants and Donations Committee.

Signature of student: _____ Date: _____

MATERIALS MUST BE POSTMARKED NO LATER THAN NOVEMBER 1, 2010.

Mail this application along with your room chair application to Dr. Aloysius Kleszynski, Director of Scientific Programs to the address listed below.

Faxed applications will not be accepted.



MAIL APPLICATION TO:

Chicago Dental Society • Director of Scientific Programs • 401 N. Michigan Ave., Suite 200 • Chicago, IL 60611-5585
Phone: 312.836.7300 • www.cds.org