

TEXAS DENTAL ASSISTANTS ASSOCIATION  
LOIS K. SOLOMON SCHOLARSHIP AWARD APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

GPA in courses toward Dental Assisting degree: \_\_\_\_\_

Describe any scholarship awards or loans you have received:

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Extra curricular activities:

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Community involvement:

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Honors or awards:

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LOIS K. SOLOMON SCHOLARSHIP APPLICATION (CON'T)

Describe your strengths, which will contribute to success in Dental Assisting:

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Describe your professional goals, including how obtaining this scholarship will help in achieving your goals as a dental assistant:

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List work experience (related to the health care profession):

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I authorize investigation on all statements contained in this application. I understand that misrepresentation or omission of facts is cause for disqualification. I also understand that I will accept this scholarship with the condition that it be used for the study of dental assisting. Any other use will constitute a refund to TDAA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date