

NORTHLAKE DENTAL ASSOCIATION

Russell L. Westfall, DDS Future in Dentistry Scholarship

\$1,000 SCHOLARSHIP • APPLICATION DEADLINE: APRIL 1

Before completing: Review current scholarship instructions at www.northlakeda.com. Create a unique application code that does not contain obvious personal identifiers.

APPLICATION CODE: _____

Applicant Information

Full legal name	
Mailing address	
City / State / ZIP	
Phone	
Email	

Applicant Type

☐ High-school senior ☐ Currently enrolled college student

Current school/college: _____

Expected graduation/completion date: _____

Dental Career Pathway

Intended or current course of study / career goal:

Briefly describe your plans for pursuing a career in dentistry:

Northlake Dental Association Endorsement

This application must be endorsed by an active or retired Northlake Dental Association member.

Member name: _____ Signature: _____

Applicant Statement

I certify that the information in this application is accurate to the best of my knowledge.

Applicant signature: _____ Date: _____

Submission Checklist

☐ Completed and signed application

- Application code included on application and submitted filenames
- Academic transcript appropriate to current educational level
- Video essay/link prepared according to current instructions
- Any additional current-year materials requested at www.northlakeda.com
- Optional exhibits, if included

DEADLINE: APRIL 1. All required application materials must be received by April 1. Use the current submission email/method shown at **www.northlakeda.com**.