



Scholarship Application Form

**Submission deadline: June 30 & Send Completed
Application to: Secretary@owdsc.ca**

1. PERSONAL INFORMATION

First Name: _____

Last Name: _____

Permanent Home Address: _____

City: _____ Province: _____

Postal Code: _____ Primary Phone Number: _____

Email Address: _____

Date of Birth: _____ Expected Graduation Date: _____

Year of study: _____

2. SCHOOL INFORMATION:

School: _____

School Address: _____

City: _____

Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

3. ESSAY QUESTIONS:

a) Canada's cultural diversity requires an understanding of people's background and needs. Describe how your background, values and leadership skills have prepared you to help others as a dentist.

(250 Words or less)

b) Women have different roles in society. How will you characterize your service to the community as a female dentist?

(250 Words or less)

4. ACADEMIC REFERENCES:

Please provide contact information for a verifier from your school or include a letter confirming your current enrolment.