



# Northlake Dental Association

## Russell L. Westfall, DDS: Future in Dentistry Scholarship Application

*Committed to Developing Excellence in Dentistry*

### Criteria to Apply

High school seniors who meet the following criteria: 1) Student resides within NDA's geographic region based on LDA defined borders\*; 2) Student attends high school within NDA's geographic region based on LDA defined borders\*; 3) Application must be signed by an active or retired member of NDA in good standing. 4) Student must be planning to pursue a curriculum related to obtaining degree as doctor of dental surgery or registered dental hygienist (or comparable degree for out of state students).

Name:		Date of Birth:
Mailing Address:		City, State, Zip:
Home Phone:	Cell Phone:	Email:
Name of High School:		Parish Where School is Located:
ACT Score:	GPA:	
College/University you are planning to attend:		
Major:		Classification:
Do you have a family member who is a member of the dental profession? NO YES		
If you answered YES to the previous question, please indicate how they are related to you and their role in dentistry:		
Extracurricular Activities:		
This section to be completed by a member (active or retired) in good standing of Northlake Dental Association		
Sponsoring NDA Member Name:		
Mailing Address:		City, State, Zip:
NDA Member Signature:		Date:
This section to be completed by applicant and parent/guardian. By signing below, you confirm that the information provided on this application is accurate; that you understand that any materials in written, digital or other format that are submitted with your application will be shared with Northlake Dental Association and its members; that the applicant's name and likeness can be used for promotional purposes; that the scholarship recipient will be requested to attend a General Membership Meeting (date/time TBD) to be presented with the award; that a member of Northlake Dental Association may attend your school's award ceremony to present the award (this may be symbolic if the actual award has already been presented).		
Parent/Guardian Signature:		Date:
Applicant Signature:		Date:
<b>IMPORTANT – THE INFORMATION BELOW IS REQUIRED TO PROTECT YOUR IDENTITY FOR DIGITAL INFORMATION SUBMISSION</b>		
Please create a personal <b>APPLICATION CODE</b> . This code will need to be included as part of every file name for every document, file, video, etc., related to your application. Use only letters and numbers (no symbols!). Minimum length – 6 characters, maximum length – 10 characters. Do not use your full name.		<b>APPLICATION CODE</b>

\*NDA's geographic location includes Tangipahoa Parish, Washington Parish and St Tammany Parish (the portion of St Tammany west of Bayou Lacombe)