

Psi Omega Foundation
Application for Financial Assistance

Chapter:

Graduation Year:

E-mail address:

PART I

PERSONAL INFORMATION

Name: (Last, First, Middle)

Local Address: (No. and Street) _____

City, State, Zip: _____ Telephone # _____

Permanent Address: (No. and Street)

City, State, Zip: _____ Telephone # _____

Date of Birth: _____ Place of Birth: _____ Social Security # _____

U.S. Citizen _____ Foreign Student _____ Permanent Resident _____ Amount of loan requested \$3,000

Marital Status: _____ Spouse's Full (Maiden) Name: _____

Address: (No. and Street) _____

City, State, Zip: _____

PART II

EDUCATIONAL INFORMATION

Name of College and Dental School Attended	Date Attended	Graduation Date	Degree Earned
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grade Point Average _____ Rank in Class _____ Expected Grad Date _____ Expected Degree DDS ___ DMD ___

Do you plan to specialize? _____ What field? _____ Where? _____

Your classification during year for which financial assistance is requested: (Circle)

Sophomore Junior Senior 5th Year Graduate

Have you previously applied for financial assistance from Psi Omega Foundation?

PART III

ACTIVITY AND WORK INFORMATION

List College and Dental School and Community Activities

Organization	Offices Held	Awards	Period of Time
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your work experience during the past four years

Company	Position or Title	Period of Time
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_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV

INFORMATION ON SPOUSE, IF MARRIED

Employer _____ Occupation _____

Address _____ City, State, Zip _____

Telephone Number _____ Monthly Income \$ _____

