

ARTHUR J. RIDDLE, DDS MEMORIAL DENTAL SCHOLARSHIP
Gulf State Dental Association of Texas, Inc.
a component of the National Dental Association
2nd, 3rd and 4th YEAR DENTAL STUDENTS
AND POST GRADUATE STUDENTS

OBJECTIVE

The purpose of this scholarship is to provide financial assistance to dental students who have exhibited an interest in serving the under-served communities in the state of Texas.

CRITERIA

- Applicant must have successfully completed the 1st year of dental school
- Applicant must be enrolled in one of the following dental schools:
 - Texas A & M University College of Dentistry
 - University of Texas School of Dentistry at Houston
 - University of Texas Health Science Center San Antonio Dental School
 - Howard University
 - Meharry Medical College School of Dentistry
- Must be a **TEXAS RESIDENT**
- Be a member of the Student National Dental Association

Process to Apply for the Scholarship

Complete and submit enclosed application

Submit a letter of request for consideration

Submit one letter of recommendation from the Dean or a faculty member of your dental school

Submit membership verification in Student National Dental Association (copy of SNDA card or a letter from President of Local Chapter of SNDA verifying membership)

Return Application By May 1, 2019 To:

Dr. Jocelyn Kidd

2711 Summerview Ln.

Lancaster, TX 75146

972-467-2464 - cell

Or email to:

jkidddds@gmail.com

**THE ARTHUR J. RIDDLE MEMORIAL DENTAL SCHOLARSHIP
2ND, 3RD AND 4TH YEAR DENTAL STUDENTS AND
POST GRADUATE STUDENTS APPLICATION**

Applicant's Name _____
Last (please print or type) First Middle Initial

Current Address _____
Street City State Zip Code

Permanent Address _____
(where you lived before coming to dental school)
Street City State Zip Code

Current Phone _____ () _____ **Permanent Phone** () _____

Email address _____

Parent's Address _____
Street City State Zip Code

Income from previous year _____

Projected income for coming year _____

Marital Status _____ **Married** _____ **Single** _____ **Spouse's Name** _____

Spouse's income from Previous year _____

Cost of Tuition and Fees _____

Number of Dependents _____

Signature _____ **Date** _____