

APPLICATION
REGIONAL DENTAL EDUCATION PROGRAM "AT LARGE"
*To apply you must have been a resident of the State of Utah for 5 years or more
as of September 1, 2011*

Application is due April 15, 2012. Send application to:

Gary W. Lowder, DDS
Dental Education Program
University of Utah
26 South 2000 East, Suite 5900
Salt Lake City, UT 84112-5750

Name of Applicant: _____

Mailing Address: _____

Home Telephone #: _____ Cell Phone #: _____

Email Address: _____

High School Graduated From: _____

Universities/Colleges Attended & Years:

Married _____ Single _____

Are you from a rural or underserved area? Yes _____ No _____

(See Selection Criteria)

Dental School where you are accepted and plan to matriculate Fall 2011:

Name: _____

Address: _____

Telephone #: _____

DAT Academic Average: _____ PAT: _____

ADSSAS Overall GPA: _____

Are you receiving a scholarship from the school? Yes _____ No _____

If yes, the annual amount: _____ Duration or Length: _____ years.

Amount of Tuition for 1st year (2012-2013): _____

Will you be paying in-state tuition for the 1st year? Yes _____ No _____

Please submit: This application form.

Copy of your Letter of Acceptance to a US Accredited Dental School.

Copy of AADSAS application as found online.

Copy of DAT Scores.

Proof of Financial Need (Copy of FAFSA application, SAR, or copy of school financial award letter).

Personal statement essay including information about you and your family and why this funding will benefit you (limit 1 page).