

SOUTHEASTERN ACADEMY OF PROSTHODONTICS

Application for Scholarship Award

For over 50 years, the Academy has provided educational excellence in Prosthetic Dentistry for our members. We have established an Educational Foundation to grant annual scholarships of \$5000.00 to 2nd and 3rd year Advanced Prosthodontics residents, and 2nd year General Dental residents.

We require the chosen recipients to agree to the following stipulations:

1. Upon graduation, the recipient practices in the Southeastern United States.
2. Becomes an active, dues paying member of the Southeastern Academy of Prosthodontics for three years and attends three annual meetings (at a reduced registration fee) during this time period or extends membership to the Academy for up to six years to allow attendance to the three meetings during this extended time. Recipients are encouraged to continue their membership to the Academy after requirements are met.
3. Must be citizen of the United States.

PLEASE COMPLETE THIS APPLICATION

NAME(last/first/middle): _____

CURRENT ADDRESS: _____

CITY: _____, STATE: _____, ZIP: _____

CELL: () _____

E-MAIL: _____

HOME ADDRESS: _____

CITY: _____, STATE: _____, ZIP: _____

RECOMMENDED by: _____

Please enclose a letter explaining your accomplishments and why you are applying for this scholarship, along with a letter of recommendation from your Program Director.

Deadline: June 1 (of application year)

Return to: Dr. Vinay Jain, 875 Union Ave. Memphis TN 38163
email: vinayjain27@gmail.com