

Delta Dental Plan of Wyoming

DENTAL HYGIENE SCHOLARSHIP

Criteria for Selection:

- ★ Wyoming Resident
- ★ Entering the 3rd term of program
(Anticipated graduation the following Spring)
- ★ Financial Need
- ★ Grade Point Average
- ★ Evaluation of a typed essay
- ★ Not receiving numerous outside awards

Application Requirements:

Submit an application and typed essay by April 1

Guidelines for Scholarship Distribution:

1. The Dental Hygiene Program Scholarship Chair will distribute the applications.
2. Delta Dental will select a recipient and notify the Dental Hygiene Program by May 15.
3. Delta will present the prior year Scholarship winner with a Plaque and announce the recipient for the following year at the Award/Recognition Ceremony in May.
4. After the Dental Hygiene Program has notified Delta that the Recipient has returned for the Fall semester and is in good standing, a check will be distributed through the Dental Hygiene Scholarship Chair for use during the final year of the Dental Hygiene Program.

**DENTAL HYGIENE SCHOLARSHIP
DELTA DENTAL PLAN OF WYOMING**

Name	
Address Street City, State, ZIP	
Phone Number	
Number of years in Wyoming	Cumulative GPA in Dental Hygiene course work
Advisor's Signature	

Please type an essay of at least 300 words explaining your goals in the dental hygiene field.

In order to help Delta Dental determine your financial need, please answer the following questions:

1. Are you financing your own college? Yes No

2. Gross income as reported on last years income tax form: Self \$ _____

Parents if applicable \$ _____

3. If parent supported, how many siblings? _____

How many are attending a post-secondary school? _____

4. If self supported, number of dependents reported on last years income tax form? _____

How many are attending a post-secondary institution? _____

5. Scholarships, grants, and financial aid received this year (please specify approximate dollar amounts):

6. Do you expect to receive a similar financial aid package next year? Yes No

7. Please list any other financial obligations:

By checking this box, I hereby certify that the information provided is accurate to the best of my knowledge. In addition, I authorize the Scholarship and Financial Aid Office at LCCC to release any financial aid information that I or my parents have provided to LCCC as application for financial aid or scholarships.

Date

Submission Instructions

Submit application before **April 1**.

Please note the pop-up window that appears after you click Submit.

1. The window will ask you to select your email client.
2. If you use Microsoft Outlook Express, Microsoft Outlook, Eudora or Mail, click "OK" in the pop-up window. The form will be emailed to us.
3. If you use any other client, such as Yahoo or Hotmail, choose "Internet Email," then click "OK."
 - The computer will save the form to your hard drive.
 - Open your email account.
 - Attach the form to a message and email it to FinancialAid@lccc.wy.edu.
4. Please contact Financial Aid at 307.778.1156 to make sure the form was received successfully.

or

and mail to: Laramie County Community College
Scholarship & Financial Aid Office
1400 E. College Drive
Cheyenne, WY 82007