

LSU School of Dentistry Rural Scholars' Track Application

Please type or print legibly.

1. Name _____
2. Home Address _____
City _____ State _____ Zip _____
3. Home Parish _____
4. Present Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ E-Mail _____
5. Please give specific information about your immediate and extended family that live in Louisiana. (i.e. relationship, community, occupation, etc.)

6. List schools you have attended, including city/town and state:

College _____

Degree _____ Major _____ Dates _____

College _____

Degree _____ Major _____ Dates _____

High School _____ City _____ State _____ Dates _____

7. List all extracurricular activities During College; e.g. volunteer work, clubs, etc. Please indicate duration and nature of your participation.

14. Why do you feel you would be a suitable candidate for the Dental Rural Scholar's Track?

15. List three references. Select individuals who can provide information about your involvement in your home community and your suitability for the Dental Rural Scholars' Track.

Name _____ Position _____

Address _____ Phone _____

Relationship-level of interaction _____

Name _____ Position _____

Address _____ Phone _____

Relationship-level of interaction _____

Name _____ Position _____

Address _____ Phone _____

Relationship-level of interaction _____

16. Do you have any commitments or obligations that would interfere with practicing dentistry in rural Louisiana immediately following dental school (i.e. military, ROTC, religious, loan or scholarship commitments, etc.?)

Yes _____ No _____

If yes, please explain:

Applicant's Signature _____ Date _____