

# Altrain Dental Assisting Academy 2020 Scholarship Application

Step One: Complete the following. *PRINT CLEARLY, OR TYPE!*

## APPLICANT

Name \_\_\_\_\_ Telephone . \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PARENT OR GUARDIAN (if under 18 years of age)

Name \_\_\_\_\_ Telephone . \_\_\_\_\_

Address \_\_\_\_\_

## REGISTRAR INFORMATION

Registrar Name Tiffany Lingenfelter Telephone (602) 595-7289

Step Two: **In 500 words or less, describe your career goals and why you are requesting this Scholarship.  
PLEASE PRINT CLEARLY OR TYPE. YOU MAY ATTACH ADDITIONAL PAGES.**

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP  
RETURN THIS APPLICATION TO ALTRAIN DENTAL ASSISTING ACADEMY  
ON OR AFTER JANUARY 6, 2020  
5750 WEST THUNDERBIRD ROAD, SUITE D480  
GLENDALE, AZ 85306**