Altrain Dental Assisting Academy
2022 Scholarship Application

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

APPLICANT

Name_____Telephone ._____

Address_____

City_____State_____Zip Code_____

Program of Interest _____

PARENT OR GUARDIAN (if under 18 years of age)

Name_____Telephone ._____

Address_____

REGISTRAR INFORMATION

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 ADDITOINAL PAGES.

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Applicant Signature_____ Date _____

IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP
RETURN THIS APPLICATION TO
ALTRAIN MEDICAL AND DENTAL ASSISTING ACADEMY
BY MAY 12, 2022 AT 5:00 PM
5750 WEST THUNDERBIRD ROAD, SUITE D480
GLENDALE, AZ 85306
602-595-7289