

Date until current address and telephone will be valid: _____

EDUCATION: Include College, Dental School, and any Postgraduate Programs

School	Address	Years of Attendance	Degree Earned

Honors and awards received while in dental school/postgraduate programs.

List below the three individuals who will be submitting letters of reference. **NOTE: One reference must be from a dentist or a dental school representative (ideally, an Oral & Maxillofacial Radiologist).** The other two recommendations are the choice of the student.

Name	Address	Position

How did you become aware of the scholarship program?

Please describe your personal and professional goals as they relate to Oral & Maxillofacial Radiology. **Use only the space provided.**

LETTERS OF REFERENCE

Please submit this form to an appropriate individual. **One reference must be from a dentist or a dental school representative (preferably an Oral & Maxillofacial Radiologist). The other recommendations are the choice of the student.** Letters must be typed and sealed in an envelope and retained by the applicant to be included in the single mailing to the Academy Scholarship Committee.

STUDENT'S NAME: _____

Basis of your responses (circle all that apply): I know this student:

as an advisor
as a teacher

better than most
fairly well
hardly at all

as one of many
in small group contacts
through clinical contact

For the following items, check [✓] the best description:

	Truly Exceptional	Excellent	Good	Average or Below	Not Able to Evaluate
Basic Professional Knowledge					
Professional Judgement					
Integrity					
Responsibility & Reliability					
Written Communication Skills					
Oral Communication Skills					
Organization and Common Sense					
Initiative & Motivation					
Professional Competence & Skill					
Diagnostic Aptitude					

In my _____ years of teaching, I would rank this individual in the (circle one) top 5%, top 10%, upper 25%, middle 50%, lower third of the students I have taught.

In the space provided below, please provide any additional comments about the student.

Signature: _____ Department: _____
 Print Name _____ Title: _____
 Date: _____