

Salish Kootenai College  
Dental Assisting Technology Degree Scholarship  
Dual Enrollment/Early College

Salish Kootenai College offers scholarship opportunities to high school students who are interested in participating in Dual Enrollment/Early College opportunities in the Dental Assisting Technology Degree. This scholarship is available to high school students to assist with the cost of tuition. It is the student's responsibility to pay for all books, fees, and other associated costs of attendance. Students who receive this scholarship are expected to complete the course they register for and remain in good academic standing at SKC as well as at their High School.

**1. Personal Information**

Full Legal Name: (PRINT) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail: (BE CLEAR) \_\_\_\_\_

**2. High School Status**

Name of high school: \_\_\_\_\_

Year in high school: **Senior** \_\_\_\_\_ OR **Junior** \_\_\_\_\_ // **Grade Point Average:** \_\_\_\_\_

List extra-curricular activities you have participated in: (LEGIBLY) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. Essay**

Explain why you want to participate in dual enrollment/early college courses at Salish Kootenai College in the Dental Assisting Technology Degree program. Please be sure to include your ambitions, career plans and how his scholarship will help you obtain your objectives. Please keep responses to no more than two pages, typed and double spaced. Please include your name on each page of your essay.

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APPLICANTS'S CERTIFICATION /PERMISSION TO RELEASE INFORMATION

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. Submission of an application in no way guarantees that a scholarship will be awarded. Incomplete applications will not be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_