

**Seattle Central Community College
Expanded Function Dental Auxiliary (EFDA)
Scholarship Application
Deadline: November 4, 2011**

Send Application to:

Seattle Central Community College
EFDA Scholarship Committee
1701 Broadway, BE 3210
Seattle, WA 98122

(Circle One)

Mr. Ms.

(Please Print)

Last Name: _____ First Name: _____ Middle Initial: _____

(Address)

Street: _____ City: _____ State: _____

Zip Code: _____ Phone: _____

Quarter/Year Applying to Enter into SCCC EFDA Program: _____

(Circle One)

Pathway I Pathway II

1. Attach a brief essay (500 words or less) why you are pursuing the Expanded Function Dental Auxiliary License.
2. Briefly describe your volunteer activities or public service (can be bulleted list and a sentence description).

Please include *one letter of recommendation* (form on www.efdacentral.net website) with your application from a community or public dental health clinic.

Signature of Applicant _____

Date _____