



CENTRAL PARK WEST DENTISTRY

SCHOLARSHIP APPLICATION ACADEMIC YEAR 2012 / 2013

CENTRAL PARK WEST DENTISTRY
25 W. 68TH STREET, SUITE 1A
NEW YORK, NY 10023
212.579.8885
NYC.DENTIST@VERIZON.NET
WWW.CPWDENTISTRY.COM

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Important: All Applicants MUST sign the last page of this Application

*applicants must be a patient or nominated by a patient of record

Applicant's name _____

Patient's name _____

History

Central Park West Dentistry is committed to quality patient care with exceptional customer service. Dr. John Lhota, owner and proprietor, has been practicing in Manhattan for over 25 years, and is a contributing member of the community.

Dr. Lhota came up with the idea of a scholarship program in 2010 when he was looking for ways to reach out to the community. He decided to award one scholarship each year (for up to four years of the recipient's education) to a patient, or friend/family member of a patient so that he or she could pursue his or her educational goals with assistance from the practice.

He chose not to discriminate based on educational level, and desired that any person, regardless of age or academic pursuit could receive financial aid. He hopes that the recipient will be successful in their pursuits and will become a lifelong advocate of good oral health.

A Note to the Applicant

All information contained in the application and supporting documentation will be held in the strictest confidence. The information you provide is distributed only to the members of the Scholarship Committee.

No applications and other documents will be returned.

You may submit questions in writing or email Holly Mitchell, director of Marketing at holly@cpwdentistry.com

Incomplete or late (postmarked after July 31st) applications will not be considered.

Applications may not be submitted electronically.

Applicants will be notified of the committee's decision in August.

To be eligible for consideration, the forms must be filled out completely and neatly. Please print a copy of the forms and fill in the fields by means of typing or in writing (as long as it is filled out legibly). You may reproduce the document if you need. Please follow instructions carefully.

What if I need more space?

If for any reason any field is not large enough for your information, then please complete that field in writing, making notes and references where necessary.

Printing Tips

Forms in this document may be printed separately by selecting Print from the File menu, then specifying the pages you want to print.

Forms may be found online at www.cpwdentistry.com under Special Offers.

Supporting Documents Required

- Application, General information, (Dependent students include Dependent section) and Scholastic pages of application packet
- Financial pages of application packet including all requested information. Applicants claiming dependent status are to submit complete financial information for their parents.
- Official Transcripts of all high school, college, and graduate grades. Recent report card if applicant is below high school age.
- SAT, ACT or GRE results. Recent Standardized Test Scores if applicant is younger than 16.
- Proof of U.S. Citizenship (copy of driver's license or passport)
- Signed copy of all pages and schedules of Federal Income Tax returns, and of W-2 forms of applicant and supporting party and/or spouse where applicable
- Proof of anticipated cost for tuition and room and board

Two letters of recommendation, one of which must be academic from a teacher or professor

The information you provide is distributed only to the members of the Scholarship Committee and will be kept strictly confidential. Please make sure that all documents are complete, legible, and properly signed.

Central Park West Dentistry Scholarship Fund

Application for the Academic Year 2012-13

To be eligible for consideration, applications must be filled out completely and neatly. Please print this document, then type or print in block letters with a blue or black pen. Late or incomplete entries will not be considered.

Applicant's name.....

Home Address.....

City, State, Zip Code.....

Email address.....

Telephone number.....

Social Security no....

Date of Birth.....

Are you a U.S. Citizen?.... Yes No

Financial status..... dependent independent

Academic Level.... High School Undergraduate Graduate Other _____

If Employed
Occupation.....

Full time?..... Yes No

Employer's name.....

Employer's address....

City, State, Zip code....

If Married
Spouse's name.....

Occupation.....

Spouse's employer.....

Employer's address.....

City, state, zip code.....

Application for the Academic Year 2012-13 Cont...

Name of Dependent	Age

General Information (Dependent Students Only)

Father's name.....

Father's Address.....

City, State, Zip Code.....

Father's Employer.....

Employer's address.....

City, State, Zip Code....

Mother's name.....

Mother's address.....

City, State, Zip code.....

Mother's employer.....

Employer's address

City, state, zip code.....

If Parents are divorced or separated:

Applicant lives with.... Mother Father Other _____

General Information (Dependent Students Only) Cont.

Parent's other Dependents

Name	Age	Education

Other Circumstances that should be considered:

General Information: All Students

Schools attended grades K-8

School	Dates of attendance

Grade completed _____

High schools attended grades 9-12

School	Dates of attendance	GPA

Graduation date _____

General Information: All Students Cont..

SAT Scores M _____ V _____ C _____

ACT Scores _____

GRE Scores _____ Other standardized testing score _____

Undergraduate Studies

School	Dates of attendance	GPA

Degree and date received _____ Major _____

Or

Degree and date expected _____ Major _____

School Currently attending or Schools applied to

Name, City, State	Date applied	Date accepted

Major/field _____

Titles of Courses Currently Taking

Title	# of Credits

General Information: All Students Cont..

What are your Academic Goals?

What are your Career Goals?

General Information: (Dependent Students only)

Note to parents: If applicant is a junior or high school student please write why you think your child is deserving of this scholarship.

Financial Information (all students)

Expenses per year at the school you attend or plan to attend

Tuition and fees.....

Room and board.....

Books and supplies.....

Total per year.....

Other related expenses.....

Do you/will you live..... On Campus At home Off Campus

Please list supporting party if you are a dependent _____

*Enclose a signed copy of complete 2009 or 2010 federal income tax return. If married, provide figures for spouse also.

Income earned from work _____

Income earned from other sources (child support, investments, alimony) _____

Total income _____

Assets and Liabilities of Supporting party or Independent Student

Cash, Savings, & other Bank Accounts.....	<input type="text"/>
Restricted retirement savings (IRA, 401k).....	<input type="text"/>
Investments.....	<input type="text"/>
Real estate.....	<input type="text"/>
Other assets.....	<input type="text"/>
Loans outstanding.....	<input type="text"/>
Other liabilities.....	<input type="text"/>

Signature

The applicant and his or her supporting party are held responsible for supplying correct and complete information on this form.

Applicant's signature _____

Date _____

Supporting party's signature _____

Date _____

*Please check cover letter to ensure that all requested documents are enclosed.

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Central Park West Dentistry, P.C.
25 W. 68th Street, Suite 1A
New York, NY 10023

(P) 212-579-8885
(F) 212-579-8881

www.cpwdentistry.com

nyc.dentist@verizon.net