Scholarship Opportunity Form

Applicant Information

Full Name: 

Last First M.I.

Address: 

Street Address Suite/Unit #

City State ZIP Code

Phone: ( ) Email: 

Practice Information

Currently working as:

☐ Practice Owner ☐ Partner ☐ Associate

☐ Student

Years in Practice:

☐ 4 years or less ☐ 5-9 years ☐ 10-15 years

☐ 16 years or more

Team:

Number of Doctors: Full Time - Part Time -

Number of Front Office: Full Time - Part Time -

Number of Back Office: Full Time - Part Time -

Number of Hygienists: Full Time - Part Time -

How did you hear about the PAC?

☐ Website/Online ☐ Colleague ☐ Professional Publication

☐ Social Media ☐ Event ____________________ ☐ Other ____________________
Post Graduate Information

Which Hands on Programs have you attended in the past 5 years?
☐ Smile Design Lecture  ☐ Hands On Typodont  ☐ Occlusion Lecture
☐ Live Patient Hands On  ☐ Full Mouth Hands On  ☐ Other ____________________

What Dental Organizations are you actively a part of?
☐ AGD  ☐ AACD  ☐ Local Dental Society
☐ ASDA  ☐ AAID  ☐ Other ____________________

What are you hoping to gain from the PAC Curriculum and Professional Network?
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Are you interested in teaching with the PAC?