

Edward J. Billy Scholarship Fund Guidelines

The Edward J. Billy Scholarship will be awarded to a resident currently enrolled in the Prosthodontics Graduate Program at the University of Michigan, School of Dentistry. A committee of graduate faculty will review the nature of the fund and the intent of the award and nominate a resident to be the recipient. The scholarship will be awarded on an annual basis and students will need to reapply each year. The Edward J. Billy Scholarship does not discriminate on the basis of age, sex, race, color, creed, or national origin. In order to be eligible, applicants must meet the following criteria:

- 1) The applicant must demonstrate excellence in clinical and laboratory phases of prosthodontics.
- 2) The applicant must demonstrate enthusiasm in learning and advancing the laboratory steps.
- 3) The applicant must have completed substantial laboratory work (i.e. diagnostic wax up, model work, fabrication of bite splints, surgical templates, etc.)
- 4) Applicant may not apply again if they have previously won this award

If you meet all of the above criteria, please provide the supporting information requested on the application form. In addition to the application, you are responsible for ensuring that the following documents are forwarded to the Edward J. Billy Scholarship Committee:

- 1) CV
- 2) Dental school transcript (can be unofficial)
- 3) Two references with contact information, at least one prosthodontist
- 4) A statement from you, not to exceed 500 words, describing past clinical and laboratory work and your motivation, purpose, and career goal for pursuing a graduate education in prosthodontics.
- 5) A reapplication will only require a statement of need.

Please send this form and all supporting materials to: Cherokee Taylor (cfalatin@umich.edu)

Edward J. Billy Scholarship Application Form

See Scholarship Guidelines to determine if you are eligible to apply. Note the list of supporting materials that must be submitted to support your application. Please provide all information requested.

Name

Current Address

Permanent Address

Telephone Number

Fax Number

College or University Attended Prior to Dental School

Degree(s) Received

Dental School Attended

List any other funding, scholarships, etc., you have at this time to support your education. Also indicate amount, duration, etc. for other funding. It is not necessary to include student loans.
