

Joseph A. Clayton Scholarship Fund/Foundation Guidelines

The Joseph A. Clayton Scholarship Fund/Foundation will be awarded to a resident enrolled in the Prosthodontic Graduate Program at the University of Michigan School of Dentistry. This scholarship will be applied toward tuition and fees of the resident. The scholarship will be awarded on an annual basis and students will need to reapply each year. To be eligible, applicants must meet the following criteria:

- 1) The applicant must be a resident in good standing with the Graduate Prosthodontics Program at the University of Michigan
- 2) The applicant could be in or entering his or her first year of graduate prosthodontic training at the University of Michigan School of Dentistry.
- 3) The applicant must demonstrate that he or she has been accepted for admission as a full-time or part-time student at the University of Michigan School of Dentistry advanced dental education program in prosthodontics. Note that individuals accepted for admission sponsored by the military, the Veterans Administration, private hospitals, or other forms of funding etc. are not eligible to apply because these programs typically provide significant financial support in the form of stipends or salaries. Individuals who are on active duty with the U.S. Military are also not eligible to apply.
- 4) The Clayton Scholarship Fund/Foundation does not discriminate on the basis of age, sex, race, color, creed, or national origin.
- 5) Applicant **may not apply** again if they have previously won this award

If you meet all of the criteria listed above, please provide the information requested on the application form. In addition to this application, it is your responsibility to ensure that the following documents are forwarded to the Clayton Scholarship Fund/Foundation:

- 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 300 words, indicating your motivation, purpose, and career goal in pursuing 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)

Joseph A. Clayton 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.
