

DR. RON W.  
ZUFALL  
CARING  
DENTISTRY  
2950 Eureka Way  
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**DR. RON W. ZUFALL  
DENTAL & HEALTH CARE SCHOLARSHIP  
APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

DATE/PLACE OF BIRTH: \_\_\_\_\_

COLLEGE YOU HOPE TO ATTEND: \_\_\_\_\_

Have you met the requirements for and been accepted by this college? Yes \_\_\_ No \_\_\_

Have you taken S.A.T. (Scholastic Aptitude Test)? Yes \_\_\_ No \_\_\_ Scheduled \_\_\_\_\_

Have you taken A.C.T. (American College Test)? Yes \_\_\_ No \_\_\_ Scheduled \_\_\_\_\_

What school subjects give you the most enjoyment? \_\_\_\_\_

What school subjects give you the least enjoyment? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What kind of recreation do you enjoy? \_\_\_\_\_

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