

# **JOSEPH A. CLAYTON SCHOLARSHIP FUND/FOUNDATION SCHOLARSHIP 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. In order to be eligible, applicants must meet the following criteria:

1. The applicant must be a graduate of an accredited dental school located in the United States.
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, 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.

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. Two letters of recommendation from dental school faculty members who are familiar with your undergraduate prosthodontic training and performance while in dental school. At least one letter should be from a prosthodontist.
2. An official dental school transcript sent directly from your dental school to the Clayton Scholarship Fund/Foundation.
3. A statement from you, not to exceed 300 words, indicating your motivation, purpose, and career goal in pursuing graduate education in prosthodontics.
4. A reapplication will only require a statement of need.

Please send this form and ask that all supporting materials be sent to:

**Clayton Scholarship Fund/Foundation**  
**Scholarship Committee**  
c/o Edward J. Billy, Director  
Prosthodontic Graduate Program  
University of Michigan, School of Dentistry  
1011 N. University  
Ann Arbor, MI 48109-1078  
(734) 763-5280  
(734) 763-3453 (Fax)

**DEADLINE FOR SUBMITTING SUPPORTING DOCUMENTS IS SEPTEMBER 1.**

**JOSEPH A. CLAYTON SCHOLARSHIP FUND/FOUNDATION  
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.

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Name

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Current Address

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Permanent Address

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Telephone Number

Fax Number

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College or University Attended Prior to Dental School

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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.

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