

Applicants Name: _____

ITEMIZE PROJECTED MONTHLY INCOME/EXPENSES DURING ENROLLMENT

Monthly Income:

Monthly Expenses:

Salary (Self): \$ _____

House Payment or Rent: \$ _____

Salary (Spouse/Parents): _____

Utilities: (Electric/Water, etc) _____

Social Security Rec'd _____

Telephone _____

Food Stamps Rec'd _____

TV Cable _____

Child Support Rec'd _____

Car Payment _____

Financial Aid _____

Car Insurance _____

Scholarships/Grants _____

Child Support Paid _____

Other Sources of Income: _____

Other Expenses: _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

I attest to the best of my ability that the information on this application is correct.

Signature: _____ Date: _____

This application must be filled out completely and must be accompanied by an official transcript. If an official transcript is not available then a letter of recommendation from the department chair with the students GPA included may be substituted.

Return this completed application and supporting documents to:

Linda Rae Flood, CDA, RDH, BS

25311 Fairway Dunes Court

Bonita Springs, FL 34135

Do not write beyond this point

Program recommendations:

The instructional staff having regular contact with the applicant should make this recommendation. The recommendation should be based on professionalism, attitude, employability skills, and dedication to dental assisting or dental laboratory technician profession

- ⌚ Highly recommend
- ⌚ Recommend
- ⌚ No Recommendation

Signature: _____ Title: _____ Date: _____