

Family Dental Associates

645 Main Street
Hackensack, NJ 07601
201-488-8300

Name _____ Date of Birth _____

Address _____ Telephone _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

List below all Awards, Honors, and Activities you are involved in.

Freshman _____

_____ Grade Avg. _____

Sophomore _____

_____ Grade Avg. _____

Junior _____

_____ Grade Avg. _____

***** Please Note: Attach a transcript – without a transcript there will be NO consideration

Senior _____

_____ Grade Avg. _____

Have you considered an area of study in which to major? _____

If so, explain why _____

List Colleges or Universities to which you have applied:

If you have been accepted and are planning to attend the college of your choice, please name:

Explain any special circumstances that the committee should take into consideration when reviewing your application:

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On a separate sheet of paper, tell us about yourself. Include such things as interests, special talents, educational objectives, major goals, family life or anything else you feel may be of special interest to us.

The information contained in this application is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____