



# Scholarship for Pre-Dental Students

## 2019-2020 Bob J. Barber Memorial Scholarship

### Eligibility Requirements:

- Cumulative GPA of 3.5 or above on a 4.0 scale.
- Arizona Resident (If selected, verification by tuition status will be required).
- Preference is given to students planning on pursuing dental school.
- Demonstrated financial need as determined by NAU Office of Financial Aid. (FAFSA must be completed for 2019-2020)

### To apply:

1. Personal Statement - Compose and type a statement in your own words:
  - Describe your motivation and interest in pursuing a dental profession.
  - How do you plan to make use of this gift if awarded?
2. Submit an unofficial NAU transcript.
3. Complete the **Barber** application form below.

### Submit application materials to:

Rebecca Malone-Little Owl  
Office of Premedical Professions  
Gateway Student Success Center  
PO Box 4097, Bldg. 43  
Flagstaff, AZ 86011

**Deadline: Friday March 29, 2019**



**NORTHERN  
ARIZONA  
UNIVERSITY**

# **Dr. Bob J. Barber Memorial Scholarship 2019-2020 Application**

## **SECTION I: General Student Information**

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\_\_\_\_\_  
NAU ID

\_\_\_\_\_  
NAME : FIRST, MIDDLE, LAST

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/ZIP CODE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
ACADEMIC MAJOR

\_\_\_\_\_  
YEAR IN SCHOOL (Fresh, Soph, Jr, Sr, Grad)

\_\_\_\_\_  
OVERALL GPA

## **SECTION II: Eligibility Requirements**

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- Cumulative GPA of 3.5 or above on a 4.0 scale.
- Arizona Resident (If selected verification by tuition status will be required).
- Preference is given to students planning on pursuing dental school.
- Student demonstrates financial need as determined by NAU Office of Financial Aid.  
*(FAFSA Application must be completed for 2019-2020)*

## **SECTION III: Transcript**

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- NAU Transcript (may be an unofficial copy).

## **SECTION IV: Personal Statement**

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Compose and type a 1 page narrative statement in your own words addressing the following topics:

- Describe your motivation and interest in pursuing a dental profession.
  - How do you plan to make use of this gift if awarded?
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I attest that all the information herein is correct and complete to the best of my knowledge. I also agree to the release of information concerning my academic and financial status to scholarship donors or their representative thereof.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Applications must be submitted to: Rebecca Malone-Little Owl**

Office of Premedical Professions

Gateway Student Success Center

PO Box 4097, Bldg. 43

Flagstaff, AZ 86011

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