

R.K. Tongue Co., Inc. & Professional Protector Plan®

For Dentists Scholarship for Community Engagement

Brought to you by MSDA Foundation

Due Date: June 7, 2025

INSTRUCTIONS:

Application must be typed. Once the application and forms are complete, upload the documents in a single PDF at www.msda.org/submitscholarship. The MSDAF must receive all application materials in its office by **June 7, 2025**, or the application will not be considered. Incomplete or late applications will not receive response or consideration. Scholarship guidelines must be viewed at www.msda.org/scholarshipguidelines.

ELIGIBILITY:

This scholarship is awarded based upon the applicant's history and potential future as a contributor to the community as a charitable dentist. To be eligible for this scholarship, **applicant must be a U.S. citizen, a member of the American Student Dental Association, and currently enrolled as a full-time student entering his or her third or fourth year of study in a dental degree program at the time of application.** Full-time status denotes a minimum of 12 credit hours. Though this scholarship is awarded based upon charitable involvement, not academic merit, GPA requirements are cited in section B.

NOTE: The maximum annual award for the Dental Student Scholarship is \$10,000 and must be used to defray school expenses such as tuition, fees, books and supplies. Payment will be sent directly to the bursar's office.

A. GENERAL INFORMATION

Name: _____
last first middle

Social Security Number: _____

Current Address: _____
number & street
city state zip

Permanent Address: _____
number & street
city state zip

Current Telephone: () Email Address: _____

Date until current address and telephone will be valid: _____

Are you a U.S. Citizen? _____ In which state were you born? _____

If you weren't born in the United States, on what date were you naturalized? _____

Dental School you are attending this fall:

School: _____

Address: _____

Telephone Number: () _____

Please provide the name and email address for the following:

Dean: _____ Email: _____
name

Assoc. Dean of Student Affairs: _____ Email: _____
name

Financial Aid Officer: _____ Email: _____
name

B. VERIFICATION OF ACADEMIC ACHIEVEMENT RECORD

(To be completed and signed by a School Official)

(Type Student's Complete Name)

The student named in Section A is applying for the Dental Student Scholarship. In order to consider this student's application, it is necessary to have the Academic Achievement Record completed and signed by a school official. Unofficial Transcripts will be accepted. **The student must have a minimum cumulative grade point average of 2.75 based on a 4.0 scale. ***

* Dental School GPA: _____ **Class Ranking: _____

School Official: _____
signature title

Type Name: _____

Date: _____ Telephone Number: () _____

If awarded, send scholarship check to the following school official: _____

☐ Please check if the same person is to receive notification of this award as well as the check.

If not, please provide the appropriate name and address: _____
name

Address: _____
number & street

city state zip

NOTE: *School GPA (If school uses a pass/fail or point system, please convert to grade point average (GPA) and calculate on a 4.0 scale.)

**Class Ranking (If the University doesn't have a GPA or Class Ranking System, please indicate which quartile the student ranks within the class. This information is required, or the application will not be processed.)

C. REFERENCE FORMS

Three reference forms must be submitted in support of the applicant. Two from UMSOD faculty, and a third from a charity/access to care activity representative from inside or outside of UMSOD. One referrer must be a member of the American Dental Association (*See the member directory at the following link. If you have any difficulties contact foundation@msda.com. ada.org/en/member-center/member-benefits/member-directory*). These forms must either be submitted within the PDF packet, or emailed to foundation@msda.com (see pages 4, 5, 6). List below those three individuals who will be submitting Reference Forms.

type name	position
type name	position
type name	position

** These may not be the same person.*

D. BIOGRAPHICAL SKETCH QUESTIONNAIRE

The Biographical Sketch Form on page 7 contains specific questions pertaining to why this scholarship is important to you. Describe academic, leadership and service achievements (if applicable). Please type your responses.

E. Essay

Applicants must submit a 500-word essay on why organized dentistry and charitable dentistry are important, and what the applicant plans on doing in, or for, organized dentistry and for the community (note: may incorporate into Biographical Sketch answers)

F. APPLICANT STATEMENTS

I hereby authorize the release of my academic records to the MSDAF only for the purpose of evaluating my application for the Dental Student Scholarship.

I hereby affirm that all the information contained herein is correct, and that I am a U.S. citizen currently matriculating in a predoctoral course of studies to obtain a dental degree at an institution accredited by the Commission on Dental Accreditation of the American Dental Association.

I hereby authorize the release of my Financial Needs Assessment to the MSDAF only for the purpose of determining my financial need. I understand this information will be kept strictly confidential.

I understand that misrepresentation, fraud or omission of facts is cause for disqualification or suspension of a scholarship.

Name:

(please type)

Signature:

Date:

C. REFERENCE FORM

To the Applicant: Please type your name in the space provided, and check (✓) the appropriate box to indicate the scholarship for which you are applying.

Applicant's Name (Type): _____

To the Referrer: The Applicant is applying to the MSDAF for the scholarship. At your discretion, this document may be returned to the student for submission with their other application materials, or for confidentiality returned to the MSDAF at foundation@msda.com.

2. Knowledge of the Applicant (Please check (✓) all that apply)

I have known the Applicant for (add #) _____ Month(s) _____ Year(s)

I know the Applicant ☐ Very well ☐ Moderately well ☐ Slightly

Nature of my contact with the Applicant ☐ Academic ☐ Employment ☐ Other

2. Evaluation of the Applicant	Truly Exceptional	Excellent	Good	No Comment
Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

(Please type in the space provided below. If necessary, please use an additional sheet of paper.)

Referrer's Name: _____ Signature: _____
(please type)

Position/Title: _____ Department: _____

Institution: _____

Telephone Number: () _____

C. REFERENCE FORM

To the Applicant: Please type your name in the space provided, and check (✓) the appropriate box to indicate the scholarship for which you are applying.

Applicant's Name (Type): _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Dental Student Scholarship | <input type="checkbox"/> Dental Hygiene Scholarship | <input type="checkbox"/> Dental Assisting Scholarship |
| <input type="checkbox"/> Underrepresented Minority Dental Student Scholarship | <input type="checkbox"/> Dental Laboratory Technology Scholarship | |

To the Referrer: The Applicant is applying to the MSDAF for the scholarship. At your discretion, this document may be returned to the student for submission with their other application materials, or for confidentiality returned to the MSDAF at foundation@msda.com.

2. Knowledge of the Applicant (Please check (✓) all that apply)

I have known the Applicant for (add #) _____ Month(s) _____ Year(s)

I know the Applicant	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Slightly
Nature of my contact with the Applicant	<input type="checkbox"/> Academic	<input type="checkbox"/> Employment	<input type="checkbox"/> Other

2. Evaluation of the Applicant	Truly Exceptional	Excellent	Good	No Comment
Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

(Please type in the space provided below. If necessary, please use an additional sheet of paper.)

Referrer's Name: _____ Signature: _____
(please type)

Position/Title: _____ Department: _____

Institution: _____

Telephone Number: () _____

C. REFERENCE FORM

To the Applicant: Please type your name in the space provided, and check (✓) the appropriate box to indicate the scholarship for which you are applying.

Applicant's Name (Type): _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Dental Student Scholarship | <input type="checkbox"/> Dental Hygiene Scholarship | <input type="checkbox"/> Dental Assisting Scholarship |
| <input type="checkbox"/> Underrepresented Minority Dental Student Scholarship | <input type="checkbox"/> Dental Laboratory Technology Scholarship | |

To the Referrer: The Applicant is applying to the MSDAF for the scholarship. At your discretion, this document may be returned to the student for submission with their other application materials, or for confidentiality returned to the MSDAF at foundation@msda.com.

2. Knowledge of the Applicant (Please check (✓) all that apply)

I have known the Applicant for (add #) _____ Month(s) _____ Year(s)

I know the Applicant ☐ Very well ☐ Moderately well ☐ Slightly

Nature of my contact with the Applicant ☐ Academic ☐ Employment ☐ Other

2. Evaluation of the Applicant	Truly Exceptional	Excellent	Good	No Comment
Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

(Please type in the space provided below. If necessary, please use an additional sheet of paper.)

Referrer's Name: _____ Signature: _____
(please type)

Position/Title: _____ Department: _____

Institution: _____

Telephone Number: () _____

D. BIOGRAPHICAL SKETCH

PLEASE TYPE OR SCAN TO WORD PROCESSING

1. Why is this scholarship important to you?

2. Briefly provide specific details of the leadership, research, service achievements and volunteerism that make you a candidate for this scholarship.

Type Name: _____ Date: _____

Signature: _____

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7

¹see Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(i), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to !;Jet an SSN, your TIN is your IRS individual taxpayer identification number (!TIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity •
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "OBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.