

Academic Achievement Record

To the Applicant:

To consider and evaluate this application, the Academic Achievement Record must be signed by the applicant and completed by a school official and stamped with the school's official seal. The completed form must be included as a PDF in your online application submission. The financial aid office or registrar may complete this form.

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

Applicant's Signature _____

Applicant's Printed Name _____ Date _____

To the Dental School/University Official:

The student named above is applying for the ODA Foundation Dental Student Scholarship. In order to consider this student's application, it is necessary to have this Academic Achievement Record Form completed by a school official in its entirety and stamped with the school's official seal.

Dental Program (school enrolled): _____

Year of Graduation: _____

Student is enrolled in Fall 2026 courses: ☐ Yes ☐ No

Enrollment Status: ☐ Full-Time ☐ Part-Time

*Most Recent Cumulative GPA: _____

*Class Ranking: _____

School Official Seal

***Note: Please calculate GPA on a 4.0 scale.**

Signature

School Officer's Signature _____ Date _____

School Officer's Printed Name _____ Title _____

School Name _____ Phone Number _____