



Massachusetts Dental Society Funding Request

Please fill out the application below and submit to Janine Avery at javery@massdental.org or mail to Two Willow St. Suite 200, Southborough, MA 01745. You will receive a response via email within 5 business days.

Full Name: _____ Date: _____

Email: _____ Phone: _____

School: _____ Graduation Year: _____

Requesting: \$ _____ Date Needed by: _____ Faculty Approval: _____

First-Time Request ☐ Have Requested MDS Sponsorship Previously ☐

Full Sponsorship ☐ Partial Sponsorship (ex. only flight or registration fee) ☐

Reason for sponsorship request: _____

Please give an example of your involvement with ADA, MDS or ASDA: _____

Please note: The Massachusetts Dental Society is happy to sponsor as many students as possible but has a limited amount of funds per year. Thank you for reaching out to the Massachusetts Dental Society!

Post-Experience Follow-up: Please provide MDS with a few sentences on what you took away from the event and how it will be applied in future!