

Springboard Dental Institute

APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Springboard Dental Institute is a combination classroom and dental learning environment where students learn to become dental professionals.

PERSONAL

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Home Telephone (____) _____ Other Telephone (____) _____

Email Address _____

Date of Birth ____/____/____ Social Security No. ____-____-____

EDUCATION

Graduated from High School or GED Certificate: Yes No If Yes, Month and Year (MM/YYYY): ____/____

Name of Institution: _____ City: _____ State: _____

Have you attended a post secondary School? Yes No If Yes, Where: _____

Have you attended College? Yes No If Yes, Where: _____

How many years were attended? ↓ 1yr ↑ 1yr ↑ 2yrs 4yrs ↑ 4yrs

HOW DID YOU FIND OUT ABOUT US?

Friend Internet Ad Which ad? _____ Other Please specify: _____

WHY DO YOU WANT TO ATTEND THIS SCHOOL? (continue on back)

METHOD OF PAYMENT

I have selected the following payment plan to cover the \$2,249 tuition:

- Outside financing, no interest for 12 months (must start Care Credit to reserve a seat in the class)
- Pay as you go, \$175 a session (a \$249 deposit is required to reserve a seat, with \$249.00 due at graduation)
- Save \$249, Pay \$1,999 before the first day of class (a \$249 minimum deposit is required to reserve a seat)

My check or money order is enclosed.

Please charge my: Visa MasterCard American Express Discover Card

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____

* MAIL OR FAX APPLICATION & DEPOSIT TO:

15028 Cicero Ave.
Suite D
Oak Forest, IL 60452