



## Oral Health Professional Workforce Development Application

Plumas County Public Health Agency's Oral Health Program will supply stipends of up to \$2,500 for applicants who are enrolled and actively pursuing education in the dental/oral health field, and who are willing to work in Plumas County a minimum of 2 years in the dental/oral health field following completion of training. Stipend funds are intended to be used to pay for tuition, transportation, and technical needs to be able to attend and fully participate in the training program(s). Funding is on a first-come, first-serve basis for those who fully complete the application as required and submit their application by March 31, 2022. Submit completed applications to Dana Krinsky at 270 County Hospital Road, Suite 206, Quincy, CA 95971.

### Applicant Information

Official Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### School/Training Program Information

Official Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Website Address \_\_\_\_\_

- Attached Proof of acceptance into oral health professional training program, including timeline of program completion.
- Attached essay on applicant's professional plants and goals in the dental field, particularly in Plumas County, and how funds would support these goals.
- Completed W-9 form.

*I understand that the awarding of all stipend grant amounts shall be at the sole discretion of the Plumas County Public Health Agency Oral Health Program. Stipend funds must be used for obtaining training in an oral health related field. Should I receive the stipend amount, I agree to work in the dental field in Plumas County for at least two years following completion of dental training program(s). I hereby agree to the terms/conditions of this application.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under 18: Name of Guardian \_\_\_\_\_

Signature of guardian \_\_\_\_\_ Date \_\_\_\_\_