CDF
CHRISTIAN DENTAL FELLOWSHIP

Application for Christian Dental Fellowship Elective Funding

Your full name .....
Your address .....
Your dental school .....
Are you a member of CDF? .....
How did you hear about CDF? .....

Please tell us a bit about the elective that you will be doing.

a) What is the purpose of the elective?

b) What is the location of the elective?

c) Is the elective to be carried out in conjunction with any other organization? If so, who?

d) What are the dates of your elective?

e) Please briefly state why CDF should support you in this elective.

Your signature..... Date.....

Applications to be received by 15th March each year and will be approved by CDF Council during April. Electives from CDF are given in 2 splits. The first 2/3 is ahead of the elective and the final 1/3 once a report is received. This report will be published in the CDF Quarterly publication "Three-in-One". We may ask for supporting documentation for elective or an Offer letter to support your application.

Please complete this form and return to the CDF Administrator. cdf.sarahfelton@gmail.com or post to PO Box 12023, Colchester, CO1 9NX

Office use: Date received .....
Date approved .....
Report received and 2nd tranche paid over.....