

**CDF**

CHRISTIAN DENTAL FELLOWSHIP



## Application for Christian Dental Fellowship Elective Funding

Your full name .....

Your address .....

Your email.....

Your phone number .....

Your dental school .....

Are you a member of CDF? .....

*(Funding is usually only given to CDF members)*

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 the element of the Christian faith in your elective and why CDF should support you in this elective.

We ask that you submit some supporting documentation for your elective; this should be from the organization you are serving with. Please email or post with this application form.

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

Applications to be received by 15<sup>th</sup> 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”.

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

Office use: Date received .....

Date approved .....

Report received and 2<sup>nd</sup> tranche paid over.....