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Please fill out the application below and limit responses to 3-4 sentences per question. Please send your completed application to **detroitmercy.asdachapter@gmail.com** by FRIDAY 11/28 at 11:59 pm. If you have any questions about Districts, please contact Max Nascimento (nascimmc@udmercy.edu).

**Name**:

**Gender**:

**Class Year:**

**Preferred Email:**

**Phone number:**

1. **Why are you interested in attending Districts?**
2. **What do you hope to take from attending Districts?**
3. **What is a position of leadership you’ve previously held and what was your proudest accomplishment in that role?**
4. **(DS2/3/4 only) Please list the last 5 ASDA events that you have attended. What is your favorite ASDA event(s) that you’ve attended thus far and why?**
5. **(DS1 only) How do you think ASDA will help you in your dental school experience in the next 4 years?**