2017 Scholarship Application Instructions

Read all instructions carefully before completing the application.

Application material should be completed and mailed, post marked, no later than **December 21, 2016** to Laurie Inglis, TDHA Scholarship Committee Chair, PO Box 6164, McKinney, TX 75071. The **Omega Seminars Jan Smith Memorial Scholarship** application must be mailed to Lois Palermo, 1236 Hunter Wood, League City, TX 77573. Any and all applications may be downloaded from the TDHA website at [www.texasdha.org](http://www.texasdha.org).

**Applicant:** Supply the person who will complete the *Faculty Recommendation Form or write a letter of recommendation* with a copy of your Goals Statement as well as the name of the scholarship(s) for which you are applying. This will better enable the person to complete the assessment or recommendation on your behalf.

**Included in this packet are:**
- Application instruction,
- General Application (needed for all scholarships),
- Financial Needs Assessment form,
- Application checklist,

**Included in another packet:**
- Specific Scholarship Forms and Faculty Recommendation Form

Read all material carefully. **It is YOUR responsibility to ensure ALL the necessary materials are mailed by December 21, 2016 and received by the Scholarship Committee Chair no later than December 28, 2016. There will be NO EXCEPTIONS.** Use the checklist to assist you. You may contact Scholarship Committee Chair, Laurie Inglis at laurie_morgan@att.net or 214-693-5431 for additional information and/or clarification.

**Primary Focus:**
The primary focus of the TDHA Scholarship Program is to provide financial assistance to dental hygiene students who can demonstrate a commitment to further the discipline of dental hygiene through academic achievement, professional excellence, and a desire to improve the public’s overall health. *These scholarships are made available through the TDHA treasury and the generous donation of Omega Seminars, Inc., Texas Dental*
Placement Network (TDPN), and Carus Dental. All scholarship monies must to be used toward costs associated with dental hygiene school.

Each applicant MUST meet both the General and Specific Eligibility Requirements of the scholarship applied for as described below.

**GENERAL ELIGIBILITY REQUIREMENTS:**
- Be enrolled in an accredited dental hygiene program in Texas
- Must have a minimum dental hygiene GPA of 3.0 (on a 4.0 scale)
- First year dental hygiene students current GPA must be minimum 3.0
  *Send a copy of last transcript prior to hygiene school if your current transcript is not available.
- Must be a Student Member of the American Dental Hygienists’ Association
  Must enclose a copy of ADHA membership card with application

**SPECIFIC SCHOLARSHIP ELIGIBILITY & CRITERIA:**
Each scholarship is awarded on how well the applicant demonstrates the goal or achievement described. Awarding of a scholarship is dependent on availability of funds and adherence to all other general and specific eligibility criteria. *Pleases read the requirements carefully.*

**B. J. Long Memorial Scholarship ($500.00)**
- Open to all Student Members of ADHA
- Demonstrates leadership qualities
- Contributes time and effort toward projects that foster goal of dental hygiene

**Nicole Eusebio Memorial Service Scholarship ($500.00)**
- Open to all Student Members of ADHA
- Service activities in school, community and/or faith-based entities
- Demonstrates leadership qualities
- Good academic standing

**TDHA Scholarship ($500.00)**
- Open to any Student Member of ADHA in final year of study
- Leadership in Student Chapter of ADHA
- Participation in Student Chapter of ADHA, local component, and/or TDHA activities

**Nancy Tibbets Memorial Scholarship ($500.00)**
- Open to all Student Members of ADHA who have completed one year
- Based on financial need
- Academic excellence
- Faculty assessment--demonstrates leadership qualities

**Texas Dental Placement Network Scholarship (TBA)**
- Open to any Student Member of ADHA
- Based on financial need
- Participation in Student Chapter of ADHA, local component, and/or TDHA activities
  
  *Sponsored by Texas Dental Placement Network*

**Omega Seminax Jan Smith Memorial Scholarship ($500.00)**
- Open to all Student Members of ADHA who have completed one year of dental hygiene school
- **Minimum dental hygiene GPA of 3.5 or higher on 4.0 scale**
- Participation in Student Chapter of ADHA, local component, and/or TDHA activities
- Service activities in school, community or faith-based entities
  
  *Sponsored by Omega Seminars, Inc.*

**Carus Dental Scholarship ($500.00 - $1000)**
- Open to any Student Member of ADHA in final year of study
- Good academic standing
- Display the attributes of a professional capable of entering a dental group practice specifically including teamwork skills, promotes a prevention culture, clinical excellence, and leadership.
  
  *Sponsored by Carus Dental*

*The Career Goals Statement MUST* specifically address how the applicant meets the requirements of the scholarship for which they are applying.
2017 SCHOLARSHIP APPLICATION

Please read all instructions carefully before completing the application.

A. General Information

1. Name _________________________________________________________

2. Address _______________________________________________________

3. Phone number, designate Home or Cell ____________________________

4. Email address __________________________________________________

5. Marital status __________________________________________________

6. Do you work to help pay for school? Yes __________ No ___________

7. If you do work, please indicate hours per week ______________________

B. Degree Program

1. School name ___________________________________________________

2. Are you in your final year of dental hygiene school? Yes _____ No _____

3. What is your anticipated date of graduation? _________________________

4. What is your GPA (on a 4.0 scale)? ________________________________

C. Student Member of ADHA Information

1. Are you a member of Student Chapter of ADHA? Yes _____ No _____
2. Are you an officer or committee chair in above? Yes _______ No ______

3. If yes, what position(s)? __________________________________________
______________________________________________________________

4. Do you plan to join ADHA after graduation? Yes _______ No __________

D. Application Instructions

Be sure your application packet includes the following materials:

1. Application

2. Financial Needs Assessment Form, if required (only send one copy)

3. Faculty Evaluation Form, specific to scholarship (separate document)

4. Application form specific to scholarship (separate document)

E. Eligibility

1. You MUST be a Student member of the American Dental Hygienists’ Association.

2. You MUST be enrolled in an accredited dental hygiene program in Texas.

3. You MUST have a minimum dental hygiene GPA of 3.0 on 4.0 scale. First year dental hygiene students must have a current GPA of 3.0.

Read the Scholarship Application Instruction Sheet carefully to determine if you meet the eligibility requirements criteria for this scholarship program.

Be sure to keep a copy of all scholarship materials you submit and ask whoever is doing your recommendation to keep a copy of their form, as well. Incomplete applications will NOT be accepted.

F. Goals Statement Instructions

1. Career Goals: Briefly describe long-term goals following graduation and intended contribution to the profession of dental hygiene.

2. The Career Goals Statement MUST specifically address how the applicant meets the requirements of the scholarship for which they are applying.
Long-term career goals beyond graduation:

Intended contribution to the profession:

G. Scholarships

To be considered for a scholarship, you must meet both the general and specific eligibility requirements. You may apply for more than one scholarship. However, no individual will receive more than one scholarship. Indicate which scholarship(s) you are applying for by a check mark below. Read the Applicant Instructions Sheet thoroughly for scholarship eligibility requirements.
Applications and all other materials (see checklist) must be received no later than December 28, 2016 with a postmark of December 21, 2016. DEADLINE STRICTLY ENFORCED. Incomplete or late applications will not be considered.

H. Authorization

I certify that the information I have provided within this application is true and correct. I hereby authorize investigation of all statements contained within this application. I understand misrepresentation or omission of facts is cause for disqualification.

I understand that applying for this scholarship means I will attend the Awards Ceremony to receive the scholarship should I be named the recipient. If I cannot attend, I will send a representative in my place.

If I am selected to receive a scholarship, my photograph may be used in the TDHA publications.
Understand that whether selected or not, my photograph will not be returned.

Print name ______________________________________________________________
Signature ______________________________________________________________
Date __________________________________________________________________

As Scholarship Committee Chair, I am requesting

***Only One (1) photo, One (1)transcript, One(1) Faculty Evaluation Form, and One(1) Financial Needs Assessment Form, if required per applicant.

Please DO NOT send multiple copies of the above, even if you are applying for multiple scholarships!!!

If you have any questions, please contact me at 214-693-5431 or laurie_morgan@att.net
2017 TDHA Scholarship Program
FINANCIAL NEEDS ASSESSMENT FORM

To the applicant: (please print or type)
I hereby authorize the release of my college record to the TDHA Scholarship Program.

Name: ____________________________________________
Last                              First

Address: _________________________________________TX____________________
Street    City         Zip Code

Signature: _____________________________________Date___________________

Dear Financial Aid Officer:
The above named student is applying for a Texas Dental Hygienists’ Association Scholarship. In order to consider this application, it is necessary that we have this Financial Needs Assessment completed. The student has filed a Free Application for Federal Student Aid (FAFSA) directing the information to be sent to your attention.

Failure to COMPLETELY fill out this form will jeopardize the applicant’s consideration for scholarship. Return this form to the student to include with their application. Completed form must be sealed in an envelope and signed over the flap by the Financial Aid Officer.

FINANCIAL NEEDS ASSESSMENT FOR: __________________________
Name of Scholarship Applicant

Academic Year: _______________ Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition</td>
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<td>Living Expenses</td>
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<td>Total Expenses</td>
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<tr>
<th>Grants Received or expected</th>
<th>Estimated Family Contribution (FARSA)</th>
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<tr>
<th>Total Grants + EFC</th>
<th>Overall Financial Needs Assessment</th>
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<tr>
<td></td>
<td>(subtract Total Grants + EFC from Total Expenses)</td>
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</tbody>
</table>

Financial Aid Officer’s Name __________________________ Signature __________________________

Title ___________________________ Telephone (_____) ___________________
2017 Scholarship Checklist

Following is a list of materials required from you. Please read the Instruction Sheets carefully for directions on proper completion of the application. All application material must be postmarked by December 21, 2016 and received no later than December 28, 2016 by the Scholarship Committee Chair. Incomplete or late applications will not be considered.

Please complete this checklist carefully when preparing your scholarship application and retain it in your files for future reference. Scholarships will be awarded during the 2017 TDHA Annual Session Combined Institute of Oral Health Luncheon on Saturday, February 6, 2017.

_____ Scholarship application, must be signed
_____ Faculty Evaluation Forms or Letter
_____ Financial Needs Assessment Form, if required (only one copy)
_____ Copy of ADHA membership card
_____ Copy of transcript(s), does not have to be an official copy, if you are a first year dental hygiene student, please send a copy of your last transcript(s).
_____ Professional Photo, no larger than 5 x 7, color or black and white, no photo copies
_____ Applicant has retained/obtained a copy of all completed materials, even those submitted