



NANCY TIBBETS MEMORIAL SCHOLARSHIP APPLICATION

INSTRUCTIONS

- **Carefully read all instructions and information in the Scholarship Application Instructions document.** Please follow all instructions and fill out all information to avoid disqualification or point deduction.
- **Check the *SPECIFIC SCHOLARSHIP ELIGIBILITY & CRITERIA* of the Application Instructions to insure you meet the requirements of this scholarship!**
- Please type or print in black ink.
- Responses to short answer questions **MUST** fit on one 8½" X 11" sheet of paper. You may use the back.
- Include one completed Nancy Tibbets Scholarship Faculty Assessment Form that is sealed in an envelope and signed over the flap.
- Include a copy of Financial Aid from Financial Aid Office or use the form on page 9 of the Scholarship Application Instructions document. Whichever document you submit must be sealed in an envelope and signed over the flap by the Financial Aid Officer.
- Include an original photograph of yourself no larger than 5" x 7" with the application.

SHORT ANSWER

1. State any past academic honors, achievements, awards, offices, and positions of leadership you have held.
2. Why is it important to you to have high academic achievements?
3. How have you been paying for your education? Please include support from parents, relatives, or other individuals (not spouses) and the type of support (tuition, books, housing, utilities, insurance, etc.) Also list the names of any grants, scholarships, or loans and the amounts awarded per semester since the beginning your dental hygiene education.
4. Have you had any financial responsibilities or difficulties beyond the normal cost of living and being in dental hygiene school in the past year? Yes No
If yes, please explain.



NANCY TIBBETS MEMORIAL SCHOLARSHIP FACULTY ASSESSMENT FORM

INSTRUCTIONS

- The faculty member most familiar with the student should fill out this form.
 - Take time to answer these questions thoroughly as faculty input is very important
 - Please type or print in black ink.
 - Responses to short answer questions MUST fit on one 8½ X 11" sheet of paper. You may use the back.
 - **PLACE COMPLETED FORM IN AN ENVELOPE, SEAL THE ENVELOPE, AND SIGN ACROSS THE SEALED FLAP.**
 - Return sealed, signed envelope to student to submit with their application.
 - Please follow all instructions and fill out all information to avoid deductions or disqualification.
-

A. APPLICANT INFORMATION

1. Applicant Name: _____
2. School: _____
3. Is this student currently enrolled in an accredited dental hygiene program?
Yes No
4. Applicant's anticipated date of graduation? _____
5. Applicant's GPA (on a 4.0 scale)? _____

B. SHORT ANSWER

1. State how this student maintains high academic standards.
2. State what you know of this student's financial needs.
3. List any academic awards you know this student has received (i.e., Dean's List, etc.).

4. Any other comments?

C. FACULTY ASSESSOR INFORMATION

Name: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature _____ Date _____