



OMEGA STUDENT SCHOLARSHIP OF EXCELLENCE 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 Omega Student Scholarship of Excellence Faculty Assessment Form that is sealed in an envelope and signed over the flap.
 - Include an original photograph of yourself no larger than 5" x 7" with the application.
- **Send all application materials by the December 12, 2008 deadline to:
Lois Palermo, 1236 Hunter Wood Drive, League City, TX, 77573**

SHORT ANSWER

1. State past honors, achievements, and awards you have received.
2. What community activities have you participated in outside of dental hygiene organized activities?
3. What activities have you participated in at local, state, or national dental hygiene organizations?

ESSAY: Please write an essay on a separate sheet of paper.

Topic: What do you believe should be the most important legislative goal for organized dental hygiene and why?



OMEGA STUDENT SCHOLARSHIP OF EXCELLENCE 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. Has this student completed one year of the dental hygiene program? Yes No
5. Applicant's anticipated date of graduation? _____
6. Applicant's GPA (on a 4.0 scale)? _____
7. Is the applicant a Student member of ADHA? Yes No

B. SHORT ANSWER

1. List any academic awards you know this student has received.
2. State how this student maintains high academic standards.
3. Any other comments?

C. FACULTY ASSESSOR INFORMATION

Name: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature _____ Date _____