



# TEXAS DENTAL PLACEMENT NETWORK 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 Texas Dental Placement Network 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. List all financial assistance. Include documentation from your Financial Aid Office.
2. Do you work to help pay for school? If yes, please include your job and how much time you spend at work.
3. Do you participate in Student Chapter of ADHA, local component, or TDHA activities?



# TEXAS DENTAL PLACEMENT NETWORK 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)? \_\_\_\_\_
6. Is the applicant a Student member of ADHA? Yes  No

## **B. SHORT ANSWER**

1. Are you aware of any financial assistance other than school loans or grants?
2. Does this student work to help pay for school?
3. Any other comments?

**C. FACULTY ASSESSOR INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_