

# RECOMMENDATION FORM

## OMEGA SEMINAR JAN SMITH MEMORIAL SCHOLARSHIP

### INSTRUCTIONS

- The faculty member, SCADHA Advisor, or local or state component 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.
- Use only this form to supply requested information. You may write on the back of the page.
- 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. This recommendation, along with the student's application, should be mailed to Lois Palermo.
- Please follow all instructions and fill out all information to avoid deductions or disqualification.

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STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

Is this student currently enrolled in an accredited dental hygiene program? YES \_\_\_\_\_ NO \_\_\_\_\_

Has this student completed one year of dental hygiene program? YES \_\_\_\_\_ NO \_\_\_\_\_

State the student's overall GPA. \_\_\_\_\_

List any academic awards you know this student has won.

State how this student maintains high academic standards.

Comments?

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

Signature: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_