



Toledo Dental Hygienists' Association (TDHA) Scholarship Award

Eligibility & Rules

Eligibility Requirements

You are eligible to apply for the TDHA Scholarship if:

- You are enrolled in an accredited dental hygiene program in Ohio;
- You have completed a minimum of one year in a dental hygiene curriculum prior to receiving the TDHA scholarship award (students entering their first year of dental hygiene school are not eligible, students may be in the process of completing their first year when application is submitted)
- You have a minimum dental hygiene grade point average (GPA) of 3.0 (on a 4.0 scale);
- You are a full-time student during the academic year for which you are applying;
- As an undergraduate student, you are a student member of the American Dental Hygienists' Association (ADHA);

Program & Application Rules

The TDHA Scholarship is a competitive scholarship. You may be eligible to receive an award if you meet all of the above program requirements. All application forms and materials specified must be postmarked or received by TDHA no later than **November 1, 2009**. As the applicant, it is your responsibility to ensure that all materials are completed and mailed successfully.

TDHA suggests that prior to April 1st you complete the applicant section of the scholarship application, and provide the appropriate application sections to your faculty evaluator, and Program Director in order to allow sufficient time for the application to be compiled.

Scholarship Listing

Scholarships are awarded based on how well the applicant demonstrates the goal or achievement described. Awarding of scholarships is strictly dependent upon availability of funds and adherence to eligibility criteria. The award ranges from \$100 – 250.

Student Section

Instructions

All scholarship applications must be typed. Applicant must stay within the space provided.

Student Application Section

Please carefully enter all requested information onto the forms. If you have any questions regarding a particular entry, please contact the TDHA Scholarship Chair immediately. When the application is completed, print the form and sign and date it in the "Authorization" section. All application materials must be received by the TDHA on **November 1, 2009**. (Please retain a copy of all student applicant materials for your records.)

Faculty Evaluation Section

This section of the application is to be completed by your faculty advisor or another member of your dental hygiene faculty. However, as the applicant, you are required to complete the first half of this form: applicant information release and scholarship information. Please ensure that you have completed these items before asking the faculty member for her/his evaluation. It is your responsibility to provide the Faculty Evaluator with the form and with a copy of your completed "Goals Statement." TDHA also suggests that you provide the faculty member with a minimum of three to four weeks to complete the form, and that you check on the document's progress before mailing.

Program Director Section

This section of the application is to be completed by your dental hygiene program director. This individual is responsible for certifying: that you are enrolled in the dental hygiene program, that your grade point average is 3.0 or higher (on a 4.0 scale), and the date you are eligible for or received licensure. However, as the applicant, you are required to complete the first half of this form: applicant information release. TDHA suggests that you provide the program director with a minimum of three to four weeks to complete the form, and that you check on the document's progress before mailing.

D. Graduation & Licensure

Your major area of student will be: _____ Date of Graduation: _____
Degree Program Anticipated Date

Do you currently hold a dental hygiene license? Yes Date Obtained: _____
(Month/Year)

No Date Will Obtain: _____
(Month/Year)

E. **Honors (last 4 years):**

List any honors received (e.g. scholastic achievements). **Stay in space provided.**

F. **Extracurricular Activities (last 4 years):**

List any association work or volunteer activities, including their dates. **Stay in space provided.**

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G. **Work Experience (last 4 years):**

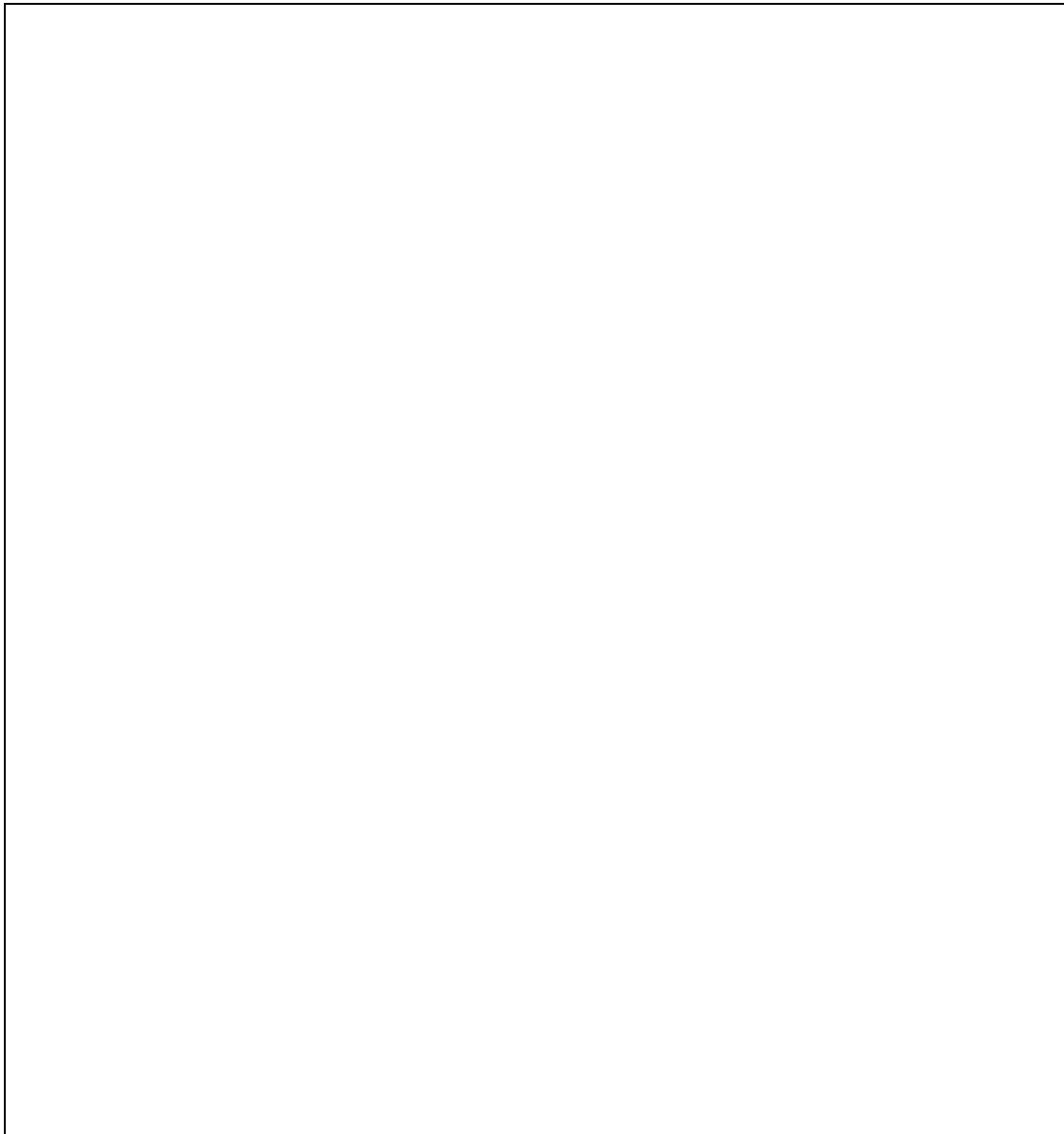
List job type (e.g. hygienist), dates employed, and number of hours worked per week for your three most recent positions. **Stay in space provided.**

Job Type	Dates	Hours

In the next section of the application, you will be provided with the opportunity to express your career goals and professional interests and to meet the written requirements of individual scholarships. All applicants must provide a written "Goals Statement." Please see the specific instructions on the next page.

Goals Statement

- H. **All Applicants:** Prepare a statement within the space provided describing: 1) Your long term career goals following graduation; 2) Your intended contribution to the dental hygiene profession; 3) Your professional interests; 4) How your extracurricular activities and your degree enhance the attainment of your goals.

A large, empty rectangular box with a thin black border, intended for the applicant to write their Goals Statement. The box is positioned below the instructions and occupies most of the lower half of the page.

I. **Applicant Authorization:**

I hereby authorize investigation of all statements contained within this application. I understand that misrepresentation or omission of facts is cause for disqualification. Further, I agree to the eligibility criteria and rules specified in the application and understand that if I do not meet them, my application will be disqualified.

Signature

Date

Faculty Evaluation

Instructions

The applicant named within this form has applied for the TDHA scholarship. Your evaluation of the applicant is requested for use in the selection of scholarship recipients. The two page evaluation form must be received by TDHA on or before **November 1, 2009** for the student to be considered. The address for submission can be found at the bottom of this page.

Prior to beginning the evaluation form, please request a copy of the applicant's "Goals Statement." This statement is part of the student section of the application and may help you better comment on how the applicant's qualifications relate to her/his stated goals and the scholarship for which she/he is applying.

If you are unsure as to whether or not this applicant is eligible for the scholarship program, please feel free to contact the TDHA Scholarship Chair listed below for verification. In addition, we strongly recommend that you make a copy of this form for your records and the applicant's personal file. Please note: failure to completely fill out this form and submit it by the application deadline date will jeopardize the applicant's consideration for the scholarship.

Evaluation Form

The completion of the top portion of this page is the applicant's responsibility. She/he must have completed this page and provided it to you before the evaluation portion should be completed.

Please complete the information on this page to the best of your ability. All information should be typed in a legible font.

Section C of this page requests your personal information, primarily for contact purposes. Section D begins the evaluation portion of the form. In this section, please comment on the applicant's performance within your educational program and her/his current and intended professional development. **Comments must be limited to the space provided.**

Submission Information

Please mail one copy of the form to the address listed below by **November 1, 2009**. Please sign the back of the envelope containing your evaluation assure authenticity.

TDHA Scholarship Chair
Sharon Fenton, RDH
Sylvania, OH 43560

D. Applicant Evaluation – Faculty Evaluator

Please comment on how the applicant's qualifications relate to her/his stated goals and overall student performance as they appear on the Career Goals Statement provided to you by the applicant. Please stay in space provided below.

Submission Information

Please mail one copy of the form to the address listed below by **November 1, 2009**:

TDHA Scholarship Chair
Sharon Fenton, RDH
2320 Stonybrook Blvd.
Sylvania, OH 43560
419-829-9965

Program Director Verification

Instructions

The applicant named within this form has applied the TDHA scholarship. In order to consider the student's application, it is necessary to verify her/his enrollment status, grade point average, and expected graduation date. The one page Verification form must be received by TDHA on or before **November 1, 2009** for the student to be considered. The address for submission can be found at the bottom of this page.

Verification Form

The completion of the top half of this page is the applicant's responsibility. She/he must have completed this page and provided it to you before the Verification portion should be completed. This section must be completed in order for the application to be processed properly.

Please complete the Financial Needs section of this page to the best of your ability. All information should be typed in a legible font.

Section B of this page requests your personal information, primarily for contact purposes. Section C begins the Verification portion of the form. (As the Program Director of the department in which the applicant is enrolled, TDHA requires that you verify these required details prior to the application being processed.) In this section, please answer all questions regarding the applicant's enrollment status. In Section D, please answer all questions regarding the applicant's GPA, expected graduation date, and expected licensure data.

Submission Information

Please mail one copy of the form to the address listed below by **November 1, 2009**:

TDHA Scholarship Chair
Sharon Fenton, RDH
Sylvania, OH 43560
419-829-9965

Verification Form

For Institute Use Only

To be read and completed by **student** submitting application:

A. General Information

Name: _____
Last First Middle Initial Maiden

Address: _____
Number & Street City State Zip Code

Phone #: _____ ID#: _____
(Area Code) Number Social Security Number

By signing here, I authorize the release of this information and my college record to the TDHA and my institution's Financial Aid Office.

Signature: _____ Date: _____

To be read and completed by **Program Director or Specified Representative** of the applicant's institution:

B. General Information – Program Director

Name: _____
Last First Middle Initial Credentials

Title: _____ Phone: _____
Institutional Title (Area Code) Number

By signing here, I recognize that the purpose of this document is to provide the TDHA with the verification of the applicant's enrollment, grades, and licensure status.

Signature: _____ Date: _____

C. Enrollment Information

In the Fall of 2009, the above student will be enrolled in the following degree program:

- Certificate/Associate Certificate/Associate Baccalaureate Degree Master's
Completion Doctoral

What will the applicant's status be for the 2009-2010 academic year? In the Fall of 2009, I will be enrolled in the following degree program: Full-Time Part-Time

Will the applicant have completed a minimum of one year within the Yes No dental hygiene curriculum by the beginning of the 2009-2010 academic year?

D. GPA, Graduation, & Licensure Information

If undergraduate student or student entering graduate program, list the applicant's cumulative grade point average of all courses required in her/his undergraduate dental hygiene curriculum. If continuing graduate student, list the applicant's cumulative grade point average for all graduate courses.

_____ (4.0 Scale)

Anticipated date of graduation for the applicant from this program: _____ (Month/Year)

Anticipated date of dental hygiene licensure for the applicant: _____ (Please note if already received) (Month/Year)

Final Checklist

Student Application Section

- Completed, signed, and dated Student section of Application
- Made copy of Goals Statement to provide to Faculty Evaluator
- Made copy of all Student section materials for personal record

Faculty Evaluation Section

- Completed, signed, and dated Faculty Evaluation section
- Provided Faculty Evaluation form, its directions, and your Goals Statement to faculty member
- Provided mailing instructions and deadline information to faculty member
- Requested copy of Faculty Evaluation section materials for personal record

Program Director Verification Section

- Completed, signed, and dated Program Director Verification section
- Provided Program Director Verification form and its directions to Program Director
- Provided mailing instructions and deadline information to Program Director
- Requested copy of Program Director Verification section materials for personal record

NOTE: It is the applicant's responsibility to ensure that all application materials are postmarked or received by TDHA no later than **November 1, 2009** or the entire application will be considered incomplete and ineligible for an award.