



www.texasdha.org

2019 Scholarship Application Instructions

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION

Applications should be completed, mailed, and post marked no later than **December 14, 2018** to:
Lindsay Collins, RDH, BSDH
TDHA Scholarship Committee Chair
6101 Twin Ledge Drive
Austin, TX 78731

The **Omega Seminars Jan Smith Memorial Scholarship** applications must be mailed to:
Lois Palermo, RDH
1236 Hunter Wood
League City, TX 77573.

All applications may be downloaded from the TDHA website at www.texasdha.org

Applicant: Supply the person who will complete the *Faculty Recommendation Form* or write a *letter of recommendation* with a copy of your Goals Statement as well as the name of the scholarship(s) for which you are applying. This will better enable the person to complete the assessment or recommendation on your behalf.

Included in this packet are:

- Application instructions
- General Application (**NEEDED FOR ALL SCHOLARSHIPS**)
- Financial Needs Assessment form
- Application checklist
- Specific Scholarship Forms and Faculty Recommendation Form

Read all material carefully. **It is YOUR responsibility to ensure ALL the necessary materials are mailed by December 14, 2018 and received by the Scholarship Committee Chair no later than December 21, 2018.**

THERE WILL BE NO EXCEPTIONS

Use the checklist to assist you. You may contact Scholarship Committee Chair, Lindsay Collins at buckeyerdh@gmail.com or (614) 947-9374 for additional information and/or clarification.

Primary Focus:

The primary focus of the TDHA Scholarship Program is to provide financial assistance to dental hygiene students who can demonstrate a commitment to further the discipline of dental hygiene through academic achievement, professional excellence, and a desire to improve the public's overall health.

These scholarships are made available through the TDHA treasury and the generous donation of Omega Seminars, Inc., Texas Dental Placement Network (TDPN), and Carus Dental. All scholarship monies must be used toward costs associated with dental hygiene school.

Each applicant **MUST** meet both the General and Specific Eligibility Requirements of the scholarship applied for as described below.

GENERAL ELIGIBILITY REQUIREMENTS:

- Be enrolled in an accredited dental hygiene program in Texas
- Must have a minimum dental hygiene GPA of 3.0 (on a 4.0 scale)
- First year dental hygiene students current GPA must be minimum 3.0
- **Send a copy of your last transcript prior to dental hygiene school if your current transcript is not available**
- Must be a Student Member of the American Dental Hygienists' Association
- Must enclose a copy of your current ADHA membership card

SPECIFIC SCHOLARSHIP ELIGIBILITY & CRITERIA:

Each scholarship is awarded on how well the applicant demonstrates the goal or achievement described. Awarding of a scholarship is dependent on availability of funds and adherence to all other general and specific eligibility criteria. *Please read the requirements carefully.*

B. J. Long Memorial Scholarship (\$500.00)

- Open to all Student Members of ADHA
- Demonstrates leadership qualities
- Contributes time and effort toward projects that foster goal of dental hygiene

Nicole Eusebio Memorial Service Scholarship (\$500.00)

- Open to all Student Members of ADHA
- Service activities in school, community and/or faith-based entities
- Demonstrates leadership qualities
- Good academic standing

TDHA Scholarship (\$500.00)

- Open to any Student Member of ADHA in final year of study
- Leadership in Student Chapter of ADHA
- Participation in Student Chapter of ADHA, local component, and/or TDHA activities

Nancy Tibbets Memorial Scholarship (\$500.00)

- Open to all Student Members of ADHA who have completed one year

- Based on financial need
- Academic excellence
- Faculty assessment--demonstrates leadership qualities

Texas Dental Placement Network Scholarship (\$500)

- Open to any Student Member of ADHA
- Based on financial need
- Participation in Student Chapter of ADHA, local component, and/or TDHA activities

Sponsored by Texas Dental Placement Network

Omega Seminars Jan Smith Memorial Scholarship (\$500)

- Open to all Student Members of ADHA who have completed one year of dental hygiene school
- **Minimum dental hygiene GPA of 3.5 or higher on 4.0 scale**
- Participation in Student Chapter of ADHA, local component, and/or TDHA activities
- Service activities in school, community or faith-based entities

Sponsored by Omega Seminars, Inc.

Carus Dental Scholarship (2 scholarships each in the amount of \$500)

- Open to any Student Member of ADHA in final year of study
- Good academic standing
- Display the attributes of a professional capable of entering a dental group practice specifically including teamwork skills, promotes a prevention culture, clinical excellence, and leadership.

Sponsored by Carus Dental

The Career Goals Statement MUST specifically address how the applicant meets the requirements of the scholarship for which they are applying.



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2019 SCHOLARSHIP APPLICATION

Please read all instructions carefully before completing the application.

A. General Information

1. Name _____
2. Address _____
3. Phone number, designate Home or Cell _____
4. Email address _____
5. Marital status _____
6. Do you work to help pay for school? Yes _____ No _____
7. If you do work, please indicate hours per week _____

B. Degree Program

1. School name _____
2. Are you in your final year of dental hygiene school? Yes _____ No _____
3. What is your anticipated date of graduation? _____
4. What is your GPA (on a 4.0 scale)? _____

C. Student Member of ADHA Information

1. Are you a member of Student Chapter of ADHA? Yes _____ No _____
2. Are you an officer or committee chair in above? Yes _____ No _____

3. If yes, what position(s)? _____
4. Do you plan to join ADHA after graduation? Yes _____ No _____

D. Application Instructions

Be sure your application packet includes the following materials:

1. Application
2. Financial Needs Assessment Form, if required (only send one copy)
3. Faculty Evaluation Form
4. Application form specific to scholarship

E. Eligibility

1. You **MUST** be a Student member of the American Dental Hygienists' Association.
2. You **MUST** be enrolled in an accredited dental hygiene program in Texas.
3. You **MUST** have a minimum dental hygiene GPA of 3.0 on 4.0 scale. First year dental hygiene students must have a current GPA of 3.0.

Read the Scholarship Application Instruction Sheet carefully to determine if you meet the eligibility requirements criteria for this scholarship program.

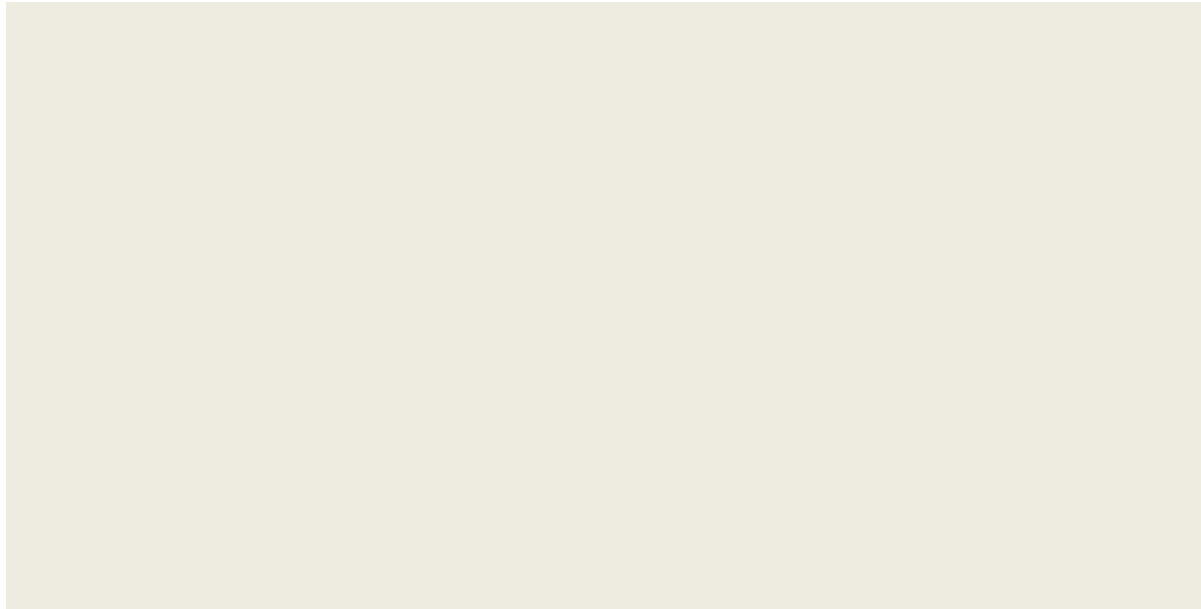
Be sure to keep a copy of all scholarship materials you submit and ask whoever is doing your recommendation to keep a copy of their form, as well.

Incomplete applications will NOT be accepted

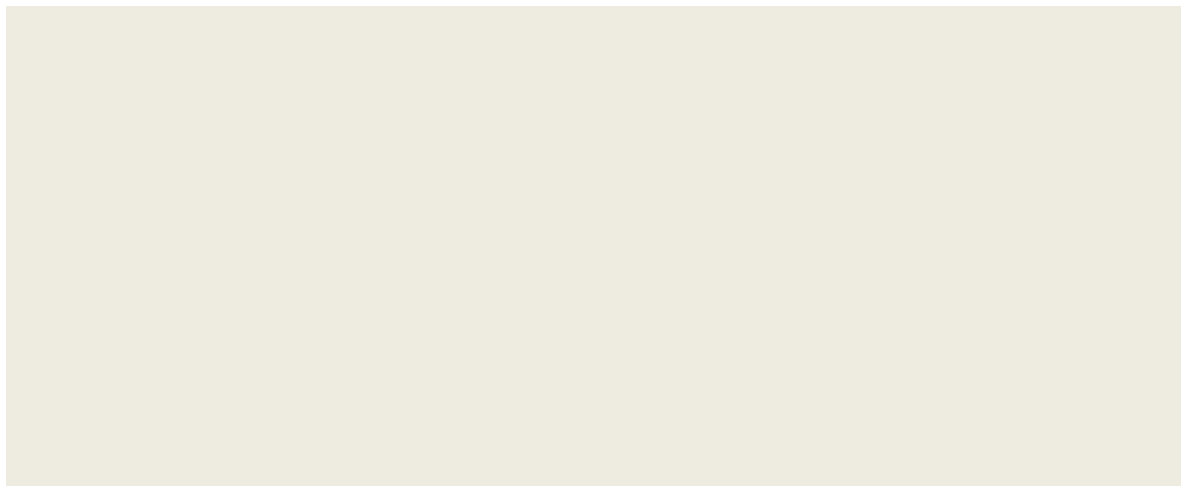
F. Goals Statement Instructions

1. Career Goals: *Briefly* describe long-term goals following graduation and your intended contribution to the profession of dental hygiene.
2. The Career Goals Statement **MUST** specifically address how the applicant meets the requirements of the scholarship for which they are applying.

Long-term career goals beyond graduation:



Intended contribution to the profession:



G. Scholarships

To be considered for a scholarship, you must meet both the general and specific eligibility requirements. You may apply for more than one scholarship. However, no individual will receive more than one scholarship. **Indicate which scholarship(s) you are applying for by a check mark below.** Read the Applicant Instructions Sheet thoroughly for scholarship eligibility requirements.

- B. J. Long Memorial Scholarship
- Nicole Eusebio Memorial Service Scholarship
- TDHA Scholarship
- Nancy Tibbets Memorial Scholarship

- _____ Texas Dental Placement Network Scholarship
- _____ Omega Seminars Jan Smith Memorial Scholarship
- _____ Carus Dental Scholarship

Applications and all other materials (see checklist) must be **received no later than December 21, 2018 with a postmark of December 14, 2018.** DEADLINE STRICTLY ENFORCED. Incomplete or late applications will not be considered.

H. Authorization

I certify that the information I have provided within this application is true and correct. I hereby authorize investigation of all statements contained within this application. I understand misrepresentation or omission of facts is cause for disqualification.

I understand that applying for this scholarship means **I will attend** the Awards Ceremony to receive the scholarship should I be named the recipient. If I cannot attend, I will send a representative in my place.

If I am selected to receive a scholarship, my photograph may be used in the *TDHA* Publications. I understand that whether selected or not, my photograph will not be returned.

Print name _____

Signature _____

Date _____

As Scholarship Committee Chair, I am requesting

***** Only One (1) photo, One (1) transcript, One(1) Faculty Evaluation Form, and One(1) Financial Needs Assessment Form, if required, per applicant.**

*Please **DO NOT** send multiple copies of the above, even if you are applying for multiple scholarships!!!*

If you have any questions, please contact me at 614-947-9374 or buckeyerdh@gmail.com.

2019 TDHA Scholarship Program FINANCIAL NEEDS ASSESSMENT FORM

To the applicant: (please print or type)

I hereby authorize the release of my college record to the TDHA Scholarship Program.

Name: _____
Last First

Address: _____ TX _____
Street City Zip Code

Signature: _____ Date _____

Dear Financial Aid Officer:

The above named student is applying for a Texas Dental Hygienists' Association Scholarship. In order to consider this application, it is necessary that we have this Financial Needs Assessment completed. The student has filed a Free Application for Federal Student Aid (FAFSA) directing the information to be sent to your attention.

Failure to COMPLETELY fill out this form will jeopardize the applicant's consideration for scholarship. Return this form to the student to include with their application. **Completed form must be sealed in an envelope and signed over the flap by the Financial Aid Officer.**

FINANCIAL NEEDS ASSESSMENT FOR: _____
Name of Scholarship Applicant

Academic Year: _____ Expenses

Tuition _____	Grants Received or expected _____
Fees _____	Estimated Family Contribution (FARSA) _____
Books _____	Total Grants + EFC _____
Supplies _____	Overall Financial Needs Assessment
Living Expenses _____	(subtract Total Grants + EFC from Total Expenses) _____
Other (including instruments) _____	
Total Expenses _____	

Financial Aid Officer's Name _____ Signature _____

Title _____ Telephone (____) _____

2019 Scholarship Checklist

Following is a list of materials required from you. Please read the Instruction Sheets carefully for directions on proper completion of the application. All application material must be postmarked by December 14, 2018 and received no later than December 21, 2018 by the Scholarship Committee Chair. Incomplete or late applications will not be considered.

Please complete this checklist carefully when preparing your scholarship application and retain it in your files for future reference. Scholarships will be awarded during the 2019 TDHA Annual Session Combined Institute of Oral Health Luncheon on Saturday, February 2, 2019.

- _____ Scholarship application, must be signed
- _____ Faculty Evaluation Forms or Letter
- _____ Financial Needs Assessment Form, if required (only one copy)
- _____ Copy of ADHA membership card
- _____ Copy of transcript(s), does not have to be an official copy, if you are a first year dental hygiene student, please send a copy of your last transcript(s).
- _____ Professional Photo, no larger than 5 x 7, color or black and white, no photo copies
- _____ Applicant has retained/obtained a copy of all completed materials, even those submitted

TDHA SCHOLARSHIP APPLICATION

INSTRUCTIONS:

- Please type or print in black ink.
 - Include Recommendation Form
 - Please follow all instructions and fill out all information to avoid points being deducted or disqualification.
-

1. Are you in your final year of dental hygiene school? YES _____ NO _____
2. What is your GPA? _____
3. Are you currently employed? _____
4. If employed, how many hours do you work? _____
5. Are you a SCADHA member? YES _____ NO _____
6. Are you a SCADHA office or committee chair?? YES _____ NO _____
7. If you are a SCADHA officer or committee chair, please state your position _____
8. Do you plan to be a member of your professional organization after graduation?
YES ___ NO ___
9. Why is it important to be a member of your professional organization?
10. List any SCADHA activities you have participated in or led.
11. List any local component, state or national association activities in which you have led or participated in.
12. How will you influence your future colleagues to join their professional organization?

IMPORTANT

I certify that the information I have provided on this form is true and correct. I understand that applying for this scholarship means **I will attend the Awards Ceremony** to receive the scholarship should I win. If I cannot attend, I will send a representative. If I am selected to receive this scholarship, my photograph may be used in the TDHA Times, the official publication of the Texas Dental Hygienists' Association. I understand that whether selected or not, my photograph will not be returned.

SIGNATURE _____ **DATE** _____

B. J. LONG MEMORIAL SCHOLARSHIP APPLICATION

INSTRUCTIONS:

- Please type or print in black ink.
 - Include Recommendation Form
 - Please follow all instructions and fill out all information to avoid points being deducted or disqualification.
-

1. Are you in your final year of dental hygiene school? YES _____ NO _____
2. What is your GPA? _____
3. Are you a SCADHA member? YES _____ NO _____
4. Are you a SCADHA office or committee chair? YES _____ NO _____
5. If you are a SCADHA officer or committee chair, please state your position _____
6. Why is it important to be a SCADHA member?
7. What leadership qualities do you feel you have to contribute to SCADHA activities or projects?
8. How will your leadership abilities influence your classmates to join their professional organization after graduation?
9. State past honors, achievements, and awards you have received. What offices and/or positions of leadership have you held in the past?

IMPORTANT

I certify that the information I have provided on this form is true and correct. I understand that applying for this scholarship means **I will attend the Awards Ceremony** to receive the scholarship should I win. If I cannot attend, I will send a representative. If I am selected to receive this scholarship, my photograph may be used in the TDHA Times, the official publication of the Texas Dental Hygienists' Association. I understand that whether selected or not, my photograph will not be returned.

SIGNATURE _____ **DATE** _____

TEXAS DENTAL PLACEMENT NETWORK
SCHOLARSHIP APPLICATION

INSTRUCTIONS:

- Please type or print in black ink.
 - Include Recommendation Form
 - Please follow all instructions and fill out all information to avoid points being deducted or disqualification.
 - Include a copy of your Financial Aid from Financial Aid office
-

1. Are you a SCADHA member? YES _____ NO _____
2. Are you a SCADHA office or committee chair? YES _____ NO _____
3. If you are a SCADHA officer or committee chair, please state your position _____
4. List **ALL** financial assistance. Include a copy of financial aid from office.

5. Do you work to help pay for school? YES _____ NO _____
If yes, how many hours? _____
6. Do you participate in SCADHA, or local component or state activities? YES ____ NO ____
Please list.

IMPORTANT

I certify that the information I have provided on this form is true and correct. I understand that applying for this scholarship means **I will attend the Awards Ceremony** to receive the scholarship should I win. If I cannot attend, I will send a representative. If I am selected to receive this scholarship, my photograph may be used in the TDHA Times, the official publication of the Texas Dental Hygienists' Association. I understand that whether selected or not, my photograph will not be returned.

SIGNATURE _____ **DATE** _____

NANCY TIBBETS MEMORIAL SCHOLARSHIP
APPLICATION

INSTRUCTIONS:

- Please type or print in black ink.
 - Include Recommendation Form.
 - Please follow all instructions and fill out all information to avoid points being deducted or disqualification.
 - Include one copy of your current school transcript.
 - Include a letter on school letterhead from the school's financial aid office.
-

1. Have you completed one year of dental hygiene school? YES _____ NO _____
2. What is your GPA? _____
3. Are you currently employed? _____
4. If employed, how many hours do you work? _____
5. Are you a SCADHA member? YES _____ NO _____
6. Are you a SCADHA officer or committee chair?? YES _____ NO _____
7. If you are a SCADHA officer or committee chair, please state your position _____
8. State any past academic honors, achievements, awards, offices, and positions of leadership you have held.
9. Why is it important to you to have high academic achievements?
10. How have you been paying for your education? Please include support from parents, relatives, or other individuals (not spouse) 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 of your dental hygiene education. Include a letter on school letterhead from the financial aid office, if applicable.
11. 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.

IMPORTANT

I certify that the information I have provided on this form is true and correct. I understand that applying for this scholarship means I **will attend** the Awards Ceremony to receive the

scholarship should I win. If I cannot attend, I will send a representative. If I am selected to receive this scholarship, my photograph may be used in the TDHA Times, the official publication of the Texas Dental Hygienists' Association. I understand that whether selected or not, my photograph will not be returned.

SIGNATURE _____ **DATE** _____

CARUS DENTAL SCHOLARSHIP APPLICATION

INSTRUCTIONS:

- Please type or print in black ink.
 - Include Recommendation Form
 - Please follow all instructions and fill out all information to avoid points being deducted or disqualification.
-

1. What is your GPA? _____
2. Are you in your final year of dental hygiene school? YES _____ NO _____
3. What teamwork skills do you exhibit that will allow you to work in a dental group practice?
4. What leadership qualities do you feel you have to contribute to a dental group practice?
5. Give examples of how you will promote a prevention culture and provide clinical excellence?

IMPORTANT

I certify that the information I have provided on this form is true and correct. I understand that applying for this scholarship means **I will attend the Awards Ceremony** to receive the scholarship should I win. If I cannot attend, I will send a representative. If I am selected to receive this scholarship, my photograph may be used in the TDHA Times, the official publication of the Texas Dental Hygienists' Association. I understand that whether selected or not, my photograph will not be returned.

SIGNATURE _____ **DATE** _____

FACULTY RECOMMENDATION FORMS
TDHA Scholarship, Nancy Tibbets Scholarship, BJ Long
Scholarship, TDPN Scholarship, and Carus Dental Scholarship

INSTRUCTIONS:

****The recommendation forms for the scholarships list above have been combined to streamline forms. Please make sure you answer the questions that pertain to the scholarship the student is applying for. You will see the scholarship name in parentheses. If you have any questions, please contact the Scholarship Chair. ****

- 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.
- 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.

STUDENT'S NAME: _____

SCHOOL: _____

1. Is this student currently enrolled in their final year of dental hygiene school? YES ___ NO ___
2. Is the student a SCADHA member? YES _____ NO _____
3. What is the student's overall GPA? _____ (BJ Long and Nancy Tibbets Scholarships)
4. What SCADHA activities has this student been involved in or led? (TDHA Scholarship)
5. In what local, state, or ADHA activities has this student been involved? (TDHA Scholarship)
6. Relate any instances known to you of any acts or projects in SCADHA or local or state components, or ADHA, which might set him/her apart from others. (TDHA Scholarship)

7. State what you know of the student's leadership qualifications (i.e. self-confidence, reliability, ability to inspire others, SCADHA officer or committee chair). (BJ Long Scholarship and Carus Dental Scholarship)
8. Relate any instances known to you of any acts or projects which might set this student apart. (BJ Long Scholarship)
9. Use this space for further comments or recommendations. (BJ Long Scholarship)
10. Are you aware of any financial assistance other than school loans or grants this student may have? (TDPN Scholarship)
11. Does this student work to help pay for school? (TDPN Scholarship)
12. Why should this student be awarded this scholarship? (TDPN Scholarship)
13. State how this student maintains high academic standards. (Nancy Tibbets Scholarship)
14. State what you know of this student's financial needs. (Nancy Tibbets Scholarship)
15. List any academic awards you know this student has won (I. E., Dean's List, etc.). (Nancy Tibbets Scholarship)
16. Any other comments of why this student should receive the Nancy Tibbets' Scholarship? (Nancy Tibbets Scholarship)
17. Explain how this student display the attributes of a professional capable of entering a dental group practice specifically including teamwork skills, promotes a prevention culture, clinical excellence, and leadership? (Carus Dental Scholarship)

Signature _____ Date _____

Address _____

Phone numbers _____ Email _____

NICOLE EUSEBIO MEMORIAL SERVICE
SCHOLARSHIP APPLICATION

INSTRUCTIONS:

- Please type or print in black ink.
 - Include one letter of recommendation from an educator or someone outside of the school setting which is sealed in an envelope and signed over the flap by the person writing the recommendation.
 - Include one essay describing service participation. The topic is given at the end of this application.
 - Please follow all instructions and fill out all information to avoid points being deducted or disqualification.
-

1. What is your GPA? _____
2. Are you a SCADHA member? YES _____ NO _____
3. Are you a SCADHA office or committee chair?? YES _____ NO _____
4. If you are a SCADHA officer or committee chair, please state your position _____
5. Were you involved in any community projects prior to dental hygiene school? Please explain.
6. State any current community service or volunteer work relating to dental hygiene school.
7. State any current community service or volunteer work **NOT** relating to dental hygiene school.

ESSAY

Please write a one to two page essay on a separate sheet of paper. The essay needs to be double spaced and stapled to application. **The topic:** Share your idea for a community dental hygiene project.

IMPORTANT

I certify that the information I have provided on this form is true and correct. I understand that applying for this scholarship means **I will attend the Awards Ceremony** to receive the scholarship should I win. If I cannot attend, I will send a representative. If I am selected to receive this scholarship, my photograph may be used in the TDHA Times, the official publication of the Texas Dental Hygienists' Association. I understand that whether selected or not, my photograph will not be returned.

SIGNATURE _____ **DATE** _____

OMEGA SEMINARS JAN SMITH MEMORIAL SCHOLARSHIP

QUALIFICATIONS

Open to all SCADHA members who have completed one year of dental hygiene school
Academic excellence as verified by school transcript with a GPA of 3.5 or higher
Participation in SCADHA, local component or TDHA activities
Service activities in school, community, or faith-based entities

INSTRUCTIONS

- Please type or print in black ink.
- Use only this form to supply requested information. You may write on the back of the pages.
- Include one completed Faculty Recommendation Form from a dental hygiene educator that is sealed in an envelope and signed over the flap. If this is not done, the application is disqualified.
- One page essay on future of dental hygiene
- Include a photo of yourself. Photo cannot be larger than 5' X 7"
- Winner must be present at SCADHA Awards Ceremony
- Please follow all instructions and fill out all information to avoid points being deducted or disqualification.
- Mail all above to Lois Palermo, 1236 Hunter Wood, League City TX 77573.

-
-
1. NAME _____
 2. ADDRESS _____
 3. PHONE NUMBERS _____
 4. EMAIL ADDRESS _____
 5. Have you completed one year of dental hygiene school? YES _____ NO _____
 6. What is your GPA? _____
 7. Are you a SCADHA member? YES _____ NO _____
 8. Are you a SCADHA office or committee chair?? YES _____ NO _____
 9. If you are a SCADHA officer or committee chair, please state your position _____
 10. State past honors, achievements and awards you have received.

11. What community activities have you participated in outside of dental hygiene organized activities?

12. What activities have you participated in at local, state, or national dental hygiene organizations?

13. Write a one-page essay on what you believe the most important legislative goal for organized dental hygienists should be and why.

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.
-

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?

Signature _____ Date _____

Address _____

Phone numbers _____ Email _____