



ADHA Institute for Oral Health

Leading the way through professional excellence in dental hygiene education and research.

2006

John C. Thiel Faculty Research Fellowship Program Application

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2006 John C. Thiel Faculty Research Fellowship - Due: June 30th

What is this program?

The John C. Thiel Faculty Research Fellowship program is a competitive financial grant program funded and managed by the ADHA Institute for Oral Health. The purpose of the program is to encourage and support the development of excellence in dental hygiene faculty education and research by providing financial support for qualified faculty members. The ADHA Institute for Oral Health is dedicated to advancing dental hygiene research and education and believes that by funding valuable faculty research projects the profession as a whole will benefit.

Two fellowships of \$5,000 each will be awarded to faculty members pursuing a post-graduate degree in dental hygiene or related field of study (dependent upon receipt of quality applications). Applicants must address a research category identified in the ADHA National Dental Hygiene Research Agenda with the purpose of advancing the agenda (www.adha.org/institute/Grants/Research/research-agenda.htm).

Am I eligible?

Eligibility for the John C. Thiel Faculty Research Fellowship requires that the applicant:

- Be a faculty member of an accredited dental hygiene program in the United States (part-time and adjunct faculty may apply)
- Hold a valid license to practice dental hygiene
- Be a member of the American Dental Hygienists' Association

An applicant will **not** qualify if she/he:

- Is a current member of the ADHA Institute Board of Directors or ADHA Board of Trustees; is a current ADHA Institute or ADHA Council or Committee member; or is an employee of ADHA

Please direct all questions regarding eligibility to the ADHA Institute Executive Administrator at (800) 243-2342. Past applicants and awardees to the John C. Thiel Fellowship program are eligible to reapply on an annual basis.

Is my project eligible?

Projects from past awardees are only eligible if they expand the focus of a previously funded research project or propose a new research project. Projects regarding all areas of dental hygiene are eligible; however, significant emphasis is placed upon their applicability to the ADHA National Dental Hygiene Research Agenda. Projects of more than one year are eligible. However, funding will only be for a one year period, and intended results must be specified in detail for the first year of the project. Projects that can be completed within the one year fellowship term are preferred.



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What are the award criteria?

Selection Criteria

The main criterion for selection is a demonstrated commitment to dental hygiene education, research, and the advancement of dental hygiene practice. The evaluation criteria include the applicant's current academic record, career goals, intended research, and letters of recommendation.

Application materials will be reviewed by an ADHA Institute Committee, appointed annually by the Chair of the ADHA Institute with the approval of the ADHA Institute Board of Directors.

Following the selection, award recipients will be notified of their application's status by October 30th, 2006. In addition, notification of the award will be sent to each recipient's graduate advisor or program director and the Chair of the ADHA Institute.

Award Terms

Fellowship Date Range & Payment of Funds

The annual fellowship term will begin upon receipt of the initial \$2,500 fellowship payment, no later than November 15, 2006, and continue for one year. In order to maintain fellowship status and receive the full stipend, awardees must remain in good standing within a graduate program and maintain a grade point average of at least 3.5 (on a 4.0 scale) during the academic year for which the stipend is awarded. Additional funds in the amount of \$2,500 (or less should the award amount be decreased) will be supplied to each awardee following receipt of the preliminary progress report and verification of academic standing (January 2007).

Progress Reports

Awardees must provide a preliminary progress report to the ADHA Institute by January 15, 2007. If research is not complete at the time, an additional progress report must be received by June 15, 2007. A final progress report is due upon completion of the research project.

When Research is Complete

Selection for the 2006 John C. Thiel Faculty Research Fellowship requires that the awardee provide the ADHA Institute with a copy of a bound thesis or dissertation. Upon completion of the research project, research results become joint property of the individual and the ADHA Institute (and the graduate faculty should it so require).

Final Conditions

If a fellowship awardee does not complete the research within the required year, and the length of the fellowship is not extended by the ADHA Institute, an account of spent project funds will be requested. Funds not committed by this date must be refunded to the ADHA Institute. Further, past expenses may need to be refunded by the awardee pending analysis by the ADHA Board of Directors.



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Application Instructions

Applicant Requirements

All applicant materials must be typed, copied (applicant should retain at least one copy), and sent to the ADHA Institute by June 30th, 2006. Applicants are advised to retain a copy for their personal files. Required materials include:

Application Form

The application form on pages 5-6 of the application packet must be completed, signed, and dated.

Curriculum Vitae - *limited to 2 pages*

A curriculum vitae including educational and employment histories, professional experience, achievement awards, and academic honors must be submitted.

Career Goals Statement

A one page statement of future career goals involving dental hygiene research and/or education must be submitted.

Description of Intended Research

A 3-5 page document describing your intended research project's focus area, type (e.g. clinical, non clinical), and relation to the ADHA National Dental Hygiene Research Agenda must be submitted. This document should include:

- Statement of the Problem, Purpose, & Goals (including hypothesis and variables)
- Significance of the Problem
- Relevance to ADHA National Dental Hygiene Research Agenda
- Project Design & Methodology (including measurable objectives and timeline)
- Project Evaluation Plan (including data analysis and potential results)
- References
- Estimated Project Budget

Individual Recommendations

Three separate recommendations must be submitted to the ADHA Institute on behalf of the applicant by her/his educational affiliates. The Fellowship Recommendation form that must be utilized for this purpose can be found on pages 8-9 of the application packet.

Verification of Enrollment

The verification of enrollment form on page 7 of the application packet must be completed by both the applicant and the applicant's Program Advisor or Director and returned to the ADHA Institute.

Official Transcripts

Official transcripts for the applicant must be obtained from all undergraduate and graduate institutions she/he has attended and must be mailed directly to the ADHA Institute by each institution's registrar.



Application Form

Applicant Section - Page 1

Please type all information. Complete all forms to the best of your knowledge.

Applicant Contact Information

Applicant Name: _____
First Name Middle Initial Last Name Credentials

Social Security #: _____
- -

Home Address: _____

City, State Zip: _____

Home Phone: () — E-mail: _____

Applicant Educational Information

Graduate Institution
Currently Attending: _____

Institution Address: _____

City, State Zip: _____

Name of Degree Program: _____ Anticipated Graduation Date: ____ / ____

Graduate Program Advisor: _____ () —
Name Phone

Undergraduate School(s): _____

Degree(s) Received: _____

License(s) Received: State: # State: #

ADHA Membership #: _____



Application Form

Applicant Section - Page 2

Please type all information. Complete all forms to the best of your knowledge.

Applicant Employment Information

Position Title:

Institution Currently
Employed By:

Institution Address:

City, State Zip:

Work Phone:

() — Fax: () —

Work E-mail:

Applicant Commitment

By signing and dating this document, I hereby state that the information I have provided in this application is true to the best of my knowledge.

If I become a recipient of this fellowship award, I pledge to follow the requirements listed in this application and understand that if I do not complete my obligation, the fellowship and all funds may be revoked.

Signature

Date



Verification of Enrollment Form

Applicant Section - Page 3

To be Completed by Applicant

Date form was completed by applicant: _____

Applicant Name: _____
First Name Middle Initial Last Name Credentials

Social Security #: _____
- -

Home Address: _____

City, State Zip: _____

Degree Program: _____

To be Completed by Graduate Program Advisor or Program Director

The above applicant is applying for the John C. Thiel Faculty Research Fellowship offered by the ADHA Institute for Oral Health. The fellowship is a \$5,000 award for a Master's or Doctoral degree candidate in dental hygiene or a related field of study interested in completing research corresponding to the ADHA National Dental Hygiene Research Agenda. Failure to complete this verification and return it by the proper date may eliminate the applicant from consideration for a fellowship.

Date form was completed by official: _____

Name: _____

Position Title: _____

Institution Name: _____

Work Phone: () — Fax: () —

I attest that the individual above is enrolled or has been accepted to be enrolled in the specified graduate program at this graduate educational institution.

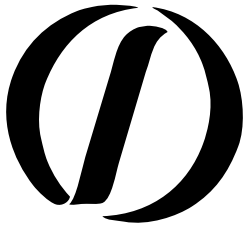
Signature

Date

Return Form by June 30th, 2006 to:

If you have any questions regarding the program, please visit www.adha.org/institute.

**ADHA Institute for Oral Health
444 N. Michigan Ave., Ste. 3400
Chicago, IL 60611
Fax: (312) 467-1806**



Fellowship Recommendation Form

Applicant Section - Page 4

To be Completed by Applicant

Date form was completed by applicant: _____

Applicant Name: _____
First Name Middle Initial Last Name Credentials

Home Address: _____

City, State Zip: _____

Institution: _____

Degree Program: _____

To be Completed by Educational Affiliate (Fellow Professor, Dean, etc.)

The above applicant is applying for the John C. Thiel Faculty Research Fellowship offered by the ADHA Institute for Oral Health. The fellowship is a \$5,000 award for a Master's or Doctoral degree candidate in dental hygiene or a related field of study interested in completing research corresponding to the ADHA National Dental Hygiene Research Agenda. Failure to complete this recommendation and return it by the proper date may eliminate the applicant from consideration for a fellowship.

Date form was completed by affiliate: _____

Name: _____

Position Title: _____

Institution Name: _____

Work Phone: () — Fax: () —

I would recommend the above individual for the John C. Thiel Faculty Research Fellowship based on my current professional relationship with her/him.

Signature

Date

Return Form by June 30th, 2006 to:

If you have any questions regarding the program, please visit www.adha.org/institute.

**ADHA Institute for Oral Health
444 N. Michigan Ave., Ste. 3400
Chicago, IL 60611
Fax: (312) 467-1806**



Fellowship Recommendation Form

Applicant Section - Page 5

To be Completed by Educational Affiliate (Fellow Professor, Dean, etc.)

Please describe in what capacity you have known the applicant:

Please list what you see as the applicant's strengths as an educator and/or researcher:

Please list areas in which the applicant may have opportunity for improvement:

Please provide your assessment of the applicant's likelihood of success within the fellowship program (i.e. ability to complete the necessary research and maintain a GPA of 3.5 or better):



Application Checklist & Contact Info.

Applicant Section - Page 6

Checklist

These application materials must be completed or obtained by the applicant:

- Application Form
- Complete Transcripts for Undergraduate and Graduate Education
- Curriculum Vitae
- Career Goals Statement
- Description of Intended Research

These application materials must be completed in conjunction with other individuals:

- Enrollment Verification Form
- Recommendation Form (3 different copies)

Application materials must be received by the ADHA Institute on or prior to June 30, 2006.

ADHA Institute Contact Information

For specific questions regarding this program, please contact ADHA Institute for Oral Health staff members at (800) 243-2342 or institute@adha.net.

Additional applications can be downloaded via the ADHA Institute website, located at: www.adha.org/institute.

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Chicago, IL 60611

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