



2009 - 2010  
ADHA Institute for Oral Health  
Dental Hygiene Scholarship Program

*Download application at [www.adha.org/institute](http://www.adha.org/institute)*

***Dental Hygiene Students:***

Please see pages 3 - 13 for eligibility requirements, a list of available scholarships, and the student portion of the scholarship application. **The deadline date for all applications is February 1, 2009.**

***Dental Hygiene Faculty:***

Please see pages 14 - 15 for instructions on how to complete the faculty evaluation portion of the student application. This portion of the application must be received by **February 1, 2009** to ensure student eligibility.

***Financial Aid Officers:***

Please see pages 16 - 17 for instructions on how to complete the Financial Aid section of the student application. This portion of the application must be received by **March 30, 2009** to ensure student eligibility.

***Program Directors:***

Please see pages 18 - 19 for instructions on how to complete the enrollment and grade point average verification forms necessary for the student application. This portion of the application must be received by **February 1, 2009** to ensure student eligibility.

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# Eligibility & Rules

## Eligibility Requirements

You are eligible to apply for an ADHA Institute for Oral Health scholarship if:

- You are enrolled in an accredited dental hygiene program in the United States;
- You have completed a minimum of one year in a dental hygiene curriculum prior to receiving an ADHA Institute 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 (e.g. Fall 2009-Spring 2010), unless applying for the Part-Time Scholarship;
- As an undergraduate student, you are a student member of the American Dental Hygienists' Association (ADHA);
- As a graduate student, you are a student or active member of the American Dental Hygienists' Association (ADHA), hold an active dental hygiene license, and hold the minimum of a baccalaureate degree; and
- You (through your institution's Financial Aid Office) can document a financial need of at least \$1,500 by using the Free Application for Federal Student Aid. [This is not required for students solely interested in merit-based scholarships. These scholarships will be noted as such in the scholarship listing on pages 4 - 5.]

## Program & Application Rules

The ADHA Institute for Oral Health Scholarship Program is a competitive scholarship program. You may be eligible to receive an award if you meet all of the above program requirements. If you are unsure of your eligibility, please contact ADHA Institute staff directly. All application forms and materials specified must be postmarked or received by the ADHA Institute no later than February 1, 2009. As the applicant, it is your responsibility to ensure that all materials are completed and mailed successfully. (Please refer to the instructions in each application section for further information on how to correctly complete the forms.) To ensure that your materials have been received prior to the application deadline, please contact ADHA Institute staff via telephone (800-735-4916) or e-mail ([institute@adha.net](mailto:institute@adha.net)).

As the applicant, you will choose one scholarship to apply for during this process (e.g. ADHA Institute Minority Scholarship). Please choose the one scholarship for which you are most qualified. If you are not selected for that scholarship, you will then have the opportunity to be awarded one of the many ADHA Institute General Scholarships that are available. Students who choose more than one scholarship on the forms below may be rendered ineligible.

The ADHA Institute suggests that **prior to April 1<sup>st</sup>** you complete and submit the FAFSA (if required), complete the applicant section of the scholarship application, and provide the appropriate application sections to your Financial Aid Office, 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. Below is a listing of all ADHA Institute scholarships available for the 2009-2010 academic year. All awards range from \$1,000 - \$2,000.

**ADHA Institute General Scholarships** - These scholarships are funded by general ADHA Institute scholarship funds, and can be awarded to any dental hygiene student who meets the general eligibility criteria.

**ADHA Institute Merit Scholarships** - Ten percent of all general scholarship funds will be awarded to applicants who show exceptional academic merit. Applicants must meet all general eligibility criteria except for financial need. \* *Merit-based scholarship.*

**ADHA Institute Part-Time Scholarship** - This scholarship is awarded to an applicant who is pursuing a dental hygiene degree on a part-time basis and who meets all other eligibility criteria.

*Specific Named Scholarships - funded by private parties, individually selected by applicants.*

**Cadbury Adams Community Outreach Scholarships (dependent on funding)** - Sponsored by Cadbury Adams, these scholarships are awarded to students at the certificate/associate and baccalaureate educational levels who display a commitment to improving the oral health within their community. (Requires separate essay.)

**Colgate “Bright Smiles, Bright Futures” Minority Scholarships** - Sponsored by the Colgate Palmolive Company, these scholarships are awarded to members of minority groups currently underrepresented in dental hygiene programs at the certificate educational level. Example eligible applicants include: African Americans, Hispanics, Asians, Native Americans, and males. Certificate only.

**Dr. Alfred C. Fones Scholarship** - Awarded to an applicant enrolled in a baccalaureate or graduate degree program who intends to become a dental hygiene teacher/educator. (Requires specific Goals Statement if applying for graduate degree level.)

**Dr. Harold Hillenbrand Scholarship** - This scholarship is awarded to an applicant who demonstrates specific academic excellence and outstanding clinical performance in addition to having a minimum dental hygiene cumulative grade point average of at least 3.5 on a 4.0 scale.

**Hu-Friedy/Esther Wilkins Instrument Scholarships** - Sponsored by Hu-Friedy Manufacturing Co, Inc., these scholarships are awarded to applicants at the certificate/associate or baccalaureate degree level. The program awards recipients with the Hu-Friedy dental hygiene instruments of their choice, equivalent to a retail value of \$1,000.

**Dr. Esther Wilkins Scholarship** - Established by Dr. Esther Wilkins, this scholarship is awarded to applicant (s) pursuing additional degree(s) necessary for a career in dental hygiene education. Applicants must have **completed** an entry-level dental hygiene program. (Requires separate essay.)

**Karla Girts Memorial Community Outreach Scholarship** - Sponsored by Procter & Gamble in memory of Karla Girts, BSDH, RDH, past president of ADHA and former Chair of the ADHA Institute for Oral Health, these scholarships are awarded to students enrolled in an associates, baccalaureate or degree completion program. Applicants will display a commitment to improving oral health within the geriatric population in addition to a cumulative grade point average equal to or above 3.0 on a 4.0 scale. (Requires separate essay.)

**Wilma Motley Memorial California Merit Scholarship** - Awarded to an outstanding applicant pursuing a certificate/associate or baccalaureate degree within the state of California. Applicants must demonstrate leadership experience and have a cumulative dental hygiene grade point average of at least 3.5 on a 4.0 scale. This scholarship is judged solely on merit and has no financial needs requirement. (Requires specific Goals Statement.) \* *Merit-based scholarship*

**Irene E. Newman Scholarship** - This scholarship is awarded to an applicant at the baccalaureate or graduate degree level who demonstrates strong potential in public health or community dental health. (Requires specific Goals Statement if applying for graduate degree level.)

**Crest Oral-B Dental Hygiene Scholarships** - Sponsored by Procter & Gamble, these scholarships are awarded to applicants at the baccalaureate degree level who demonstrate an intent to encourage professional excellence and scholarship, promote quality research, and support dental hygiene through public and private education. Applicants must also demonstrate a dental hygiene grade point average of at least 3.5 on a 4.0 scale.

**Johnson & Johnson Scholarships (dependent on funding)** - Sponsored by Johnson & Johnson Consumer and Personal Products Worldwide, these scholarships are awarded to applicants pursuing a certificate/associate or baccalaureate degree in dental hygiene with a minimum dental hygiene grade point average of at least 3.5 on a 4.0 scale.

**Sigma Phi Alpha Undergraduate Scholarship** - Awarded to an outstanding Sigma Phi Alpha member pursuing a certificate/associate or baccalaureate degree at a school with an active chapter of the Sigma Phi Alpha Dental Hygiene Honor Society. Applicants must demonstrate a cumulative dental hygiene grade point average of at least 3.5 on a 4.0 scale.

**Sigma Phi Alpha Graduate Scholarship** - Awarded to an outstanding Sigma Phi Alpha member pursuing a graduate degree in dental hygiene or a related field. Applicants must demonstrate a cumulative dental hygiene grade point average of at least 3.5 on a 4.0 scale. (Requires specific Goals Statement and submitted manuscript upon completion of dental hygiene program)

**Margaret E. Swanson Scholarship** - This scholarship is awarded to a certificate/associate-level applicant who demonstrates exceptional organizational leadership potential. Applicants must also demonstrate a cumulative dental hygiene grade point average of 3.0 or above on a 4.0 scale.

**Alice Hinchcliffe Williams, RDH, MS Graduate Scholarship** - Funded by the Virginia Dental Hygienists' Association Foundation, this scholarship was created to honor a deceased colleague and benefactor, who enabled the VDHA to establish the VDHA Foundation to serve as the primary provider of life long learning for Virginia dental hygienists. An applicant must be a Virginia resident and seeking a graduate degree in Dental Hygiene or accredited, degree studies related to the professional roles of the dental hygienist.

**General Named Scholarships** - *funded by private parties, cannot be selected by applicants (recipients are chosen from applicants who do not receive a specific named scholarship)*

**Carol Bauhs Benson Memorial Scholarship**  
**Wilma E. Motley Scholarship**  
**Irene Woodall Graduate Scholarship**

Applicants not selected for a specific named scholarship or a specific ADHA Institute scholarship remain eligible for general scholarships (ADHA Institute General Scholarships and General Named Scholarships).

# Student Section

## Instructions

**All scholarship applications must be typed.** Applicant must stay within the space provided. To better enable applicants to accomplish this, the application has been designed as a series of forms. Using Adobe Acrobat or Adobe Acrobat Reader, the applicant can type all pertinent information into the space above each line.

### Student Application Section

Please carefully enter all requested information onto the forms. If you have any questions regarding a particular entry, please contact the ADHA Institute staff immediately. When the application is completed, print the form and sign and date it in the “Authorization” section. Please remember that in the “Goals Statement” section of the application you should specifically address how you meet the requirements of the scholarship. Please consult the requirements in the “Scholarship Requirements” section for the specific scholarship you have chosen. Some scholarships may require additional items such as an essay. Further, please remember that you may apply for only one scholarship (check only one box in the “Scholarship Categories” section) and that all application materials must be received by the ADHA Institute on February 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. Also, make sure that the scholarship selected on this form matches that selected in the student applicant section. It is your responsibility to provide the Faculty Evaluator with the form and with a copy of your completed “Goals Statement.” ADHA Institute staff 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.

### Financial Aid Office Section

If applying solely for a merit scholarship (a scholarship that is based only on academic achievement, rather than financial need), you do not need to complete this section of the application. However, if you are applying for any other type of scholarship, this section must be completed and included with the application to show your specific financial need. As the applicant, you are required to complete the first half of this form: applicant information release. A Free Application for Federal Student Aid (FAFSA) form must be submitted to your state’s Department of Education and its results received by your Financial Aid Office for this section to be completed properly. The ADHA Institute suggests submitting the FAFSA prior to April 1<sup>st</sup>. Please see your Financial Aid Office for more information on this form. After submitting the FAFSA form, please complete the top section of the “Financial Needs Assessment Form” and visit your institution’s Financial Aid Office to ask their aid in completing the document. The ADHA Institute suggests that you provide the office 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. ADHA Institute staff 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.



# Student Application - Page 2

For Institute Use Only

## Applicant Information Cont.

**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.**

**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.

Individuals applying for the Cadbury Adams Community Outreach Scholarship, Karla Girts Memorial Community Outreach Scholarship or the Dr. Esther Wilkins Scholarship must also complete a one page essay. These essays can be found in sections I, J & K.

## Student Application - Page 3

For Institute Use Only

### 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.

# Student Application - Page 4

For Institute Use Only

## Specific Scholarship Essay(s)

- I. **Cadbury Adams Community Outreach Scholarship Essay:** Prepare an essay within the space detailing: 1) Your commitment to improving oral health through community service; and 2) Specific examples of community service projects in which you have participated. (Do not complete if you are not applying for this scholarship. Must be completed in addition to the appropriate Goals Statement.)

## Student Application - Page

For Institute Use Only

- J. **Karla Girts Memorial Community Outreach Scholarship Essay:** Prepare an essay within the space detailing: 1) Your commitment to improving oral health within the geriatric community; and 2) Specific examples of community outreach programs in which you have participated that served geriatric patients. (Do not complete if you are not applying for this scholarship. Must be completed in addition to the appropriate Goals Statement.)

## **Student Application - Page 6**

### **Specific Scholarship Essay(s)**

- K. **Dr. Esther Wilkins Scholarship Essay:** Prepare an essay within the space detailing your commitment to pursuing a career in dental hygiene education. (Do not complete if you are not applying for this scholarship. Must be completed in addition to the appropriate Goals Statement.)

# Student Application - Page 7

For Institute Use Only

## Applicant Submission

L. **Scholarship Categories:** Select below the scholarship for which you are applying. Please remember, applicants may only select one scholarship. If you select more than one scholarship, your application will be voided.

Scholarship Name	Number Available
<input type="checkbox"/> ADHA Institute General Scholarship	Dependent on funds
<input type="checkbox"/> ADHA Institute Merit Scholarship	Dependent on funds
<input type="checkbox"/> ADHA Institute Part-Time Scholarship	1
<input type="checkbox"/> Cadbury Adams Community Outreach Scholarship (dependent on funding)	15
<input type="checkbox"/> Colgate “Bright Smiles, Bright Futures” Minority Scholarship	2
<input type="checkbox"/> Dr. Alfred C. Fones Scholarship	1
<input type="checkbox"/> Dr. Harold Hillenbrand Scholarship	1
<input type="checkbox"/> Hu-Friedy/Esther Wilkins Instrument Scholarship	5
<input type="checkbox"/> Dr. Esther Wilkins Scholarship	Dependent on funds
<input type="checkbox"/> Karla Girts Community Outreach Scholarship	2
<input type="checkbox"/> Wilma Motley California Merit Scholarship	2
<input type="checkbox"/> Irene E. Newman Scholarship	1
<input type="checkbox"/> Crest Oral-B Dental Hygiene Scholarship	2
<input type="checkbox"/> Johnson & Johnson Scholarship (dependent on funding)	5
<input type="checkbox"/> Sigma Phi Alpha Undergraduate Scholarship	1
<input type="checkbox"/> Sigma Phi Alpha Graduate Scholarship	1
<input type="checkbox"/> Margaret E. Swanson Scholarship	1
<input type="checkbox"/> Alice Hinchcliffe Williams, RDH, MS Graduate Scholarship	1

(Applicants not chosen for one of the above scholarships remain eligible for the many general scholarships available. Please refer to the “Scholarship Listing” section of the application for more information on each scholarship.)

M. **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 an ADHA Institute for Oral Health 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 the ADHA Institute on or before **February 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. Information on the specific requirements of each scholarship can be found on the ADHA Institute website, located at [www.adha.org/institute](http://www.adha.org/institute).

If you are unsure as to whether or not this applicant is eligible for the scholarship program, please feel free to call the ADHA Institute at (800) 735-4916 for verification. In addition, we strongly recommend that you make a copy of this form for your records and for 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. (You may also access this form online at the ADHA Institute website should you wish to complete it electronically: [www.adha.org/institute/Scholarship](http://www.adha.org/institute/Scholarship).)

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 **February 1, 2009**. Please sign the back of the envelope containing your evaluation to assure authenticity.

ADHA Institute for Oral Health  
Scholarship Award Program  
444 N. Michigan Ave., Ste. 3400  
Chicago, IL 60611-3980

# Faculty Evaluation Form

For Institute Use Only

To be read and completed by **individual marked in each section:**

**A. Degree Program - Student**

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

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

**B. General Information - Student**

Name: \_\_\_\_\_  
Last First Middle Initial Maiden

By signing here, I authorize the release of this information and my college record to the ADHA Institute for Oral Health and the Faculty Evaluator whom I have chosen for this application.

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

**C. General Information - Faculty Evaluator**

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 a fair and representative student analysis and state that the below comments constitute my professional/educational opinion of the student applicant.

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

**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.

# Financial Aid Verification

## Instructions

The applicant named within this form has applied for an ADHA Institute for Oral Health scholarship. In order to consider the student's application, it is necessary to have a Financial Needs Assessment completed. The one page Financial Needs form must be received by the ADHA Institute on or before **March 30, 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 check the status of the student's FAFSA submission. The ADHA Institute for Oral Health requires that each applicant submit a FAFSA prior to completing this application. A completed FAFSA will enable you to correctly complete the requested fields within this application form.

If you are unsure as to whether or not this applicant is eligible for the scholarship program, please feel free to call the ADHA Institute at (800) 735-4916 for verification. In addition, we strongly recommend that you make a copy of this form for your records and for 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.

### Financial Needs 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 Financial Needs 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. (You may also access this form online at the ADHA Institute website if you wish to complete it electronically: [www.adha.org/institute/Scholarship](http://www.adha.org/institute/Scholarship).)

Section B of this page requests your personal information, primarily for contact purposes. Section C begins the Financial Needs portion of the form. In the first question, please check whether your office has received a completed FAFSA from the applicant. In the second section, please utilize the information obtained within the FAFSA to complete the requested fields. If you have any questions regarding requested fields (e.g. "Fees"), please feel free to call the ADHA Institute at (800) 735-4916.

### Submission Information

Please mail one copy of the form to the address listed below by **March 30, 2009**:

ADHA Institute for Oral Health  
Scholarship Award Program  
444 N. Michigan Ave., Ste. 3400  
Chicago, IL 60611-3980

# Financial Needs Form

For Institute Use Only

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

**A. General Information - Student**

Name: \_\_\_\_\_  
Last First Middle Initial Maiden

Mailing 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 ADHA Institute for Oral Health and my institution's Financial Aid Office.

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

To be read and completed by a **Financial Aid Officer** of the applicant's institution:

**B. General Information - Financial Aid Officer**

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 ADHA Institute for Oral Health with the estimated expenses for the applicant listed above, with the intention of showing financial need.

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

C. Has your office received a completed FAFSA form for the applicant listed above for the 2009 - 2010 academic year?  Yes  No

If yes, please complete the table below:

2009 - 2010 Estimated Applicant Expenses

Tuition		Grants Received (or expected)	
Fees		Estimated Family Contribution (EFC)	
Books		Total Grants + EFC	
Supplies		<b>Overall Financial Need</b>	
Living Expenses		<small>(subtract Total Grants and EFC from Total Expenses)</small>	
Other (including instruments)		<i>Use FAFSA data to complete this form</i>	
<b>Total Expenses</b>			

# Program Director Verification

## Instructions

The applicant named within this form has applied for an ADHA Institute for Oral Health 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 the ADHA Institute on or before **February 1, 2009** for the student to be considered. The address for submission can be found at the bottom of this page.

If you are unsure as to whether or not this applicant is eligible for the scholarship program, please feel free to call the ADHA Institute at (800) 735-4916 for verification. In addition, we strongly recommend that you make a copy of this form for your records and for 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.

### 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 Verification section of this page to the best of your ability, with necessary consultation with your institution's Registrar or Office of Student Affairs. All information should be typed in a legible font. (You may also access this form online at the ADHA Institute website if you wish to complete it electronically: [www.adha.org/institute/Scholarship](http://www.adha.org/institute/Scholarship).)

If applicant is a graduate student, form may be completed by general program director (e.g. not dental hygiene). If a specific program director does not exist, please contact ADHA Institute staff for further direction.

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, the ADHA Institute 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. If you have any questions regarding requested information, please feel free to call the ADHA Institute at (800) 735-4916.

### Submission Information

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

ADHA Institute for Oral Health  
Scholarship Award Program  
444 N. Michigan Ave., Ste. 3400  
Chicago, IL 60611-3980

# Verification Form

For Institute Use Only

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

### A. General Information - Student

Name: \_\_\_\_\_  
Last First Middle Initial Maiden

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Phone: \_\_\_\_\_ ID #: \_\_\_\_\_  
(Area Code) Number Social Security Number or Student ID

By signing here, I authorize the release of this information and my college record to the ADHA Institute for Oral Health and my institution's Financial Aid Office.

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

To be completed by the **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 ADHA Institute for Oral Health with 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  Baccalaureate  Baccalaureate Degree  Master's  Doctoral Completion

What will the applicant's status be for the 2009 - 2010 academic year?  Full-time  Part-Time

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

### 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
- Made sure to select correct scholarship on 1st page of 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

## Financial Aid Verification Section (Not necessary if applying solely for merit scholarship)

- Completed, signed, and dated Financial Aid Verification section
- Made sure to complete and submit FAFSA form
- Provided Financial Aid Verification form and its directions to Financial Aid Office
- Provided mailing instructions and deadline information to Financial Aid Office
- Requested copy of Financial Aid Verification 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 the ADHA Institute no later than **February 1, 2009 (with the exception of the financial aid form due by March 30th)** or the entire application will be considered incomplete and ineligible for an award.

# Contact Information

## Questions

Any questions that you have regarding the ADHA Institute Scholarship program or application should be directed to:

Scholarship Hotline: (800) 735-4916

Scholarship E-mail: [institute@adha.net](mailto:institute@adha.net)



Please expect a turnaround time of approximately 1 - 2 days in the answering of your message.

## Submission Instructions

To submit your scholarship application, please mail the student section (and have all other individuals mail their respective sections) to the address listed below:

ADHA Institute for Oral Health  
Scholarship Award Program  
444 N. Michigan Ave., Ste. 3400  
Chicago, IL 60611-3980

All applications must be received by the ADHA Institute on or before **February 1, 2009**.

## Website Help

The ADHA Institute website is the primary location for applicants to locate and download scholarship materials (e.g. application) and information (e.g. eligibility and scholarship listing). Please visit the Scholarship section of the website to see if your question is answered before contacting Institute staff.

To access the Scholarship section of the website, enter [www.adha.org/institute](http://www.adha.org/institute) into your browser address window. Then, click on the “Scholarships” link located on the top left menu of the site. In this section of the website, you are provided with access to scholarship eligibility requirements, an application download page, and a listing of all currently available scholarships.

If you have difficulty downloading or completing the scholarship application, please e-mail ADHA Institute staff at [institute@adha.net](mailto:institute@adha.net).