2016 - 2017
ADHA Institute for Oral Health
Dental Hygiene Scholarship Program

All applications must be submitted online only.
Use this document as a resource only

Dental Hygiene Students:

Please see pages 3 - 12 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, 2016.

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, 2016 to ensure student eligibility.

Program Directors:

Please see pages 16 - 17 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, 2016 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 program prior to receiving an ADHA Institute scholarship award. 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) - please refer to the specific scholarship requirements as the minimum GPA requirement will vary by award;
• You are a full-time student during the academic year which you are applying (e.g. Fall 2016-Spring 2017), unless applying for the Part-Time Scholarship;
• IF YOU ARE GRADUATING IN THE 2015-2016 ACADEMIC YEAR, YOU ARE NOT ELIGIBLE FOR THIS SCHOLARSHIP. YOU MUST BE A STUDENT IN THE 2016-2017 ACADEMIC YEAR TO APPLY FOR THIS 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.

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 applications must be received electronically by the ADHA Institute no later than February 1, 2016. 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 e-mail at institute@adha.net.

As the applicant, you will choose one scholarship to apply for during this process (e.g. Irene Woodall Graduate Scholarship). **Please choose the one scholarship for which you are most qualified. Students who choose more than one scholarship on the forms below may be rendered ineligible.**
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 2016-2017 academic year. All awards range from $1,000 - $2,000.

**General Named Scholarships**

**Carol Bauhs Benson Memorial Scholarship (dependent on funding)** - Established in memory of Carol Bauhs Benson, this scholarship is awarded to students at the Certificate/Associate educational level who reside in the following states: Minnesota, North Dakota, South Dakota or Wisconsin. Applicants must possess a minimum grade point average of 3.5 on 4.0 scale.

**Wilma E. Motley Scholarship (dependent on funding)** - Established in honor of Wilma E. Motley, this scholarship is awarded to applicant(s) pursuing a Baccalaureate degree at an accredited dental hygiene program. Applicants must possess a minimum grade point average of 3.5 on a 4.0 scale.

**Irene Woodall Graduate Scholarship (dependent on funding)** - This scholarship is awarded to an applicant pursuing a Masters degree in dental hygiene or a related field. Applicants must have a minimum grade point average of 3.5 on a 4.0 scale.

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

**Colgate “Bright Smiles, Bright Futures” Minority Scholarships (dependent on funding)** - 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. Examples of eligible applicants include African Americans, Hispanics, Asians, Native Americans, and males. Certificate only.

**Hu-Friedy/Esther Wilkins Instrument Scholarships (dependent on funding)** - 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 (dependent on funding)** - 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 (dependent on funding)** - 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 of at least 3.0 on a 4.0 scale. (Requires separate essay.)

**Wilma Motley Memorial California Merit Scholarship** - A total of three scholarships are available annually to individuals pursuing the following degrees: Associate/Certificate in dental hygiene, Baccalaureate degree, degree completion in dental hygiene, Registered Dental Hygienist in Alternative Practice (RDHAP), Masters or Doctorate degree in dental hygiene or related field. Applicants must either be a resident of California or attending a dental hygiene program in California. Applicants must demonstrate leadership experience and have a cumulative grade point average of at least 3.5 on a 4.0 scale. These scholarships will be awarded solely on merit and do not have a financial need requirement.
Crest Oral-B Dental Hygiene Scholarships (dependent on funding) - 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.

Sigma Phi Alpha Associate Scholarship (dependent on funding) - Awarded to an outstanding student pursuing an Associate 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 Undergraduate Scholarship (dependent on funding) - Awarded to an outstanding student pursuing a 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 (dependent on funding) - 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)

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. Applicants 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. Applicant is not required to attend school within Virginia. Open to both full-time and part-time students.

Academic Excellence Scholarship by Johnson & Johnson (dependent on funding) - Two scholarships are for students pursuing a Baccalaureate degree and three scholarships are designated for students pursuing a Certificate or Associate degree.
**Student Section**

**Instructions**

*All scholarship applications must be filled out electronically.* Applicant must stay within the space provided.

**Student Application Section**

Please carefully enter all requested information into the application. If you have any questions regarding a particular entry, please contact the ADHA Institute staff immediately. When the application is completed, save a copy of your own records 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. 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. Furthermore, remember that you may apply for only one scholarship (check only one box in the “Scholarship Categories” section) and that all applications must be completed and submitted by February 1, 2016.

**Faculty Evaluation Section**

This section of the application is to be completed by your faculty advisor or another member of your dental hygiene faculty.

The selected faculty member should be familiar with your academics, as well as your career goals and work style.

It is important to send the application link to your faculty so they can complete their portion. It is your responsibility to provide the Faculty Evaluator with the form and a copy of your current resume and completed “Goals Statement.”

ADHA Institute staff also suggests that you provide the faculty member with a minimum of three to four weeks to complete their portion.

**Program Director Section**

This section of the application is to be completed by your dental hygiene program director.

This individual is responsible for certifying: 1) that you are enrolled in the dental hygiene program, 2) that your grade point average is at minimum 3.0 or higher (on a 4.0 scale, dependent on specific scholarship requirements), and 3) the date you are eligible for received licensure.

ADHA Institute staff suggests that you provide the program director with a minimum of three to four weeks to complete their portion.
Student Application - Page 1

Applicant Information

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

A. **Degree Program**
   In the Fall of 2016, I will be enrolled in the following degree program:
   - [ ] Certificate/Associate
   - [ ] Baccalaureate
   - [ ] Baccalaureate Degree Completion
   - [ ] Masters
   - [ ] Doctoral

B. **General Information**
   Name:
   
   Last First Middle Initial Maiden
   
   Mailing Address:
   
   Number & Street City State Zip Code
   
   Phone #: E-mail:
   
   (Area Code) Number Individual@Address
   
   ID #: Birth Date:
   
   Social Security Number (Month/Date/Year)
   
   Member #: License #:
   
   ADHA Membership Number Dental Hygiene License # & State (If Available)

C. **School Information** (Institution in which you will be enrolled in the Fall of 2016)
   School Name:
   
   Program Director
   
   Name: Phone:
   
   Program Director or Specified Institutional Representative (Area Code) Number
   
   Address:
   
   Number & Street City State Zip
   
   Financial Aid Officer
   
   Name: Phone:
   
   Name of Financial Aid Office Contact (Area Code) Number
   
   Address:
   
   Number & Street City State Zip

D. **Graduation & Licensure**
   Your major area of study 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: Estimated Date
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 work, professional, or volunteer activities including their dates. **Stay in space provided.**

G. **Professional 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.**

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<tr>
<th>Job Type</th>
<th>Dates</th>
<th>Hours</th>
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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 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.**
H. **All Applicants:** Prepare a statement in 100 words or less describing: 1) your long-term career goals following graduation; 2) your intended contribution to the dental hygiene profession; 3) your professional interests; and 4) how your extracurricular activities and your degree enhance the attainment of your goals.
I. Karla Girts Memorial Community Outreach Scholarship Essay: Prepare an essay within the space provided below 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.”)
Specific Scholarship Essay(s)

J. **Dr. Esther Wilkins Scholarship Essay:** Prepare an essay within the space below 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.”)
K. **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.

Make sure you meet all requirements for the specific scholarship you select on the application. If you do not meet the requirements, such as GPA, education level, etc., your application will be disqualified. It is recommended that you make a copy of your completed items and request a copy from your Faculty Evaluator and Program Director.

<table>
<thead>
<tr>
<th>Scholarship Name</th>
<th>Number Available</th>
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<tbody>
<tr>
<td>Carol Bauhs Benson Memorial Scholarship</td>
<td>Dependent on funds</td>
</tr>
<tr>
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<tr>
<td>Sigma Phi Alpha Undergraduate Scholarship</td>
<td>Dependent on funds</td>
</tr>
<tr>
<td>Sigma Alpha Graduate Scholarship</td>
<td>Dependent on funds</td>
</tr>
<tr>
<td>Alice Hinchcliffe Williams, RDH, MS Graduate Scholarship</td>
<td>Dependent on funds</td>
</tr>
</tbody>
</table>

Please refer to the “Scholarship Listing” section of the application for more information on each scholarship.

L. **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.

M. **Statement of Financial Need (signature required for all non-merit based scholarships):**
I hereby attest that I present a financial need of no less than $1,500 to be applied solely to the pursuit of my educational expenses in the course of my dental hygiene-related coursework. I understand that a failure to sign this testament or a misrepresentation of my financial need will disqualify my application.
Faculty Evaluation

Instructions

A student from your institution 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. Your portion of the online application must be submitted on or before **February 1, 2016** 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 (312) 440-8944 for verification. In addition, we strongly recommend that you save a copy of this application 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

Please complete the information on this page to the best of your ability. All information should be typed in the format provided.

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 provided.

Submission Information

Please submit your portion of their application by **February 1, 2016**.
Faculty Evaluation Form

A. **Degree Program - Student**
   In the Fall of 2016, I will be enrolled in the following degree program:
   - [ ] Certificate/Associate
   - [ ] Baccalaureate
   - [ ] Baccalaureate Degree
   - [ ] Masters
   - [ ] Doctoral Completion

B. **General Information - Student**
   Name:
   __________________________________________________________
   Last                                      First                                      Middle Initial                                      Maiden

C. **General Information - Faculty Evaluator**
   Name:
   __________________________________________________________
   Last                                      First                                      Middle Initial                                      Credentials
   Title: ________________________________ Phone: ________________________________
   Institutional Title: ____________________________ Phone: ____________________________ (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.
Program Director Verification

Instructions

A student from your institution 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. Verification form must be submitted on or before February 1, 2016 for the student to be considered.

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 (312) 440-8944 for verification. In addition, we strongly recommend that you save 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

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.

If applicant is a graduate student, this 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 (312) 440-8944.
Verification Form

A. General Information - Student

Degree Program - Student
In the Fall of 2016, I will be enrolled in the following degree program:

☐ Certificate/Associate  ☐ Baccalaureate  ☐ Baccalaureate Degree Completion  ☐ Masters  ☐ Doctoral Completion

Name: ____________________________
Last First Middle Initial Maiden

B. General Information - Program Director

Name: ____________________________
Last First Middle Initial Credentials
Title: ____________________________
Institutional Title Phone: ____________________________
(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 2016, the above student will be enrolled in the following degree program:

☐ Certificate/Associate  ☐ Baccalaureate  ☐ Baccalaureate Degree Completion  ☐ Masters  ☐ Doctoral Completion

What will the applicant’s status be for the 2016-2017 academic year? ☐ Full-time ☐ Part-Time

Will the applicant have completed a minimum of one year within the dental hygiene curriculum by the end of the 2016-2017 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 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
☐ Saved copy of “Goals Statement” to provide to Faculty Evaluator
☐ Saved copy of all “Student Section” materials for personal record
☐ Sent the application link and resume to Faculty Member and Program Director
Contact Information

Questions

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

Scholarship Phone: (312) 440-8944
Scholarship E-mail: 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, you must use the online application link. Mailed applications will NOT be accepted

All applications must be submitted on or before February 1, 2016.

Website Help

The ADHA Institute website is the primary location for applicants to locate scholarship information. 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 into your browser address window. Then, click on the “Scholarships” link located on the top right menu of the site. In this section of the website, you are provided with access to scholarship eligibility requirements, an application link, and a listing of all currently available scholarships.

If you have difficulty completing the scholarship application, please e-mail ADHA Institute staff at institute@adha.net.
Frequently Asked Questions

Eligibility

1. Do I have to be a dental hygiene student to qualify for a scholarship?

Yes: eligible applicants must be student members of the American Dental Hygienists’ Association who are currently enrolled in an accredited dental hygiene program to qualify.

2. I’m graduating in May 2016, am I still eligible to apply?

No: Institute scholarships are only available to students who will be enrolled in the 2016-2017 academic year.

Application

3. Does the application have to be submitted online?

Yes: all applications must be completed using the online application link. Mailed applications will not be considered.

4. Can I apply for more than one Institute Scholarship?

No: you may only apply for one Institute scholarship. Please select the scholarship for which you are most qualified.

5. If a scholarship has a higher GPA requirement, does that mean it is a merit-based scholarship?

No: the only merit-based scholarships say “merit” in the title of the scholarship. (Example: “ADHA Institute Merit Scholarship”).

6. Do I have to send in all application materials at once?

No: the Faculty Evaluation and the Program Verification must be completed by those faculty members separately. It is your responsibility to send them the application link so they can complete their required sections.
Important Considerations

Scholarship Selection

1. In the past, ADHA Institute Staff has attempted to contact applicants who do not qualify for their selected scholarship. It is the YOUR responsibility to ensure all requirements are met.

2. Once the deadline has passed and all scholarships have been processed, an initial letter of acknowledgement will be sent to all applicants outlining the items received and still outstanding. This will be the ONLY time ADHA Institute Staff will communicate the status of your application before it is sent to the Scholarship Review Committee.

All applicants are welcome to contact staff with any questions.