Allied Dental Student Scholarships Program 2017

ADA Foundation

Scholarship Guidelines

Allied Dental Student Scholarship Guidelines

Allied Dental Student Scholarships

- DENTAL HYGIENE
- DENTAL ASSISTING
- DENTAL LABORATORY TECHNOLOGY

Purpose: The Allied Dental Student Scholarships provided by the ADA Foundation (ADAF) support the Education mission pillar. ADAF Allied Dental Scholarships help dental assisting, dental hygiene, and dental laboratory technology students defray a part of their professional educational expenses such as tuition, fees, books, supplies, and living expenses. The goal of this program is to facilitate the education of academically gifted allied dental students, which in turn helps to foster the public’s oral health.

Dollar Amount and Number of Scholarships Available

Each scholarship award is $1,000.
A total of up to $30,000 is available to be awarded annually, as follows:

- A total of up to $15,000 for as many as fifteen (15) Dental Hygiene Scholarships valued at up to $1,000 each;
- A total of up to $10,000 for as many as ten (10) Dental Assisting Scholarships valued at up to $1,000 each; and
- A total of up to $5,000 for as many as five (5) Dental Laboratory Technology Scholarships valued at up to $1,000 each.

Eligibility Criteria

In order for an applicant to be considered for scholarship support, applications must be complete and submitted via the online system, including all Academic and Financial Need Assessment Forms and Reference Questionnaires and Letters of Support, by 11:59 p.m. on Friday, March 10, 2017.

Submission and Award Process

- The ADAF accepts multiple applications per program from each school.
- The ADAF will award up to one scholarship from each school for each program (up to one application for the Dental Hygiene Scholarship Program, up to one...
application for the Dental Assisting Scholarship Program, and up to one application for the Dental Laboratory Technology Scholarship Program, if a school offers all three programs).

- Incomplete or late applications will not receive consideration, nor will the application be acknowledged.

**In addition, the applicant must meet the criteria listed below.**

**Dental Hygiene Scholarship Program**

- be a U.S. citizen (permanent resident status does not qualify);
- be currently attending or enrolled in a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association;
- have completed at least one semester in the aforementioned program;
- provide official record of a minimum cumulative grade point average of 3.5 based on a 4.0 scale;
- be enrolled as a full-time student, defined as maintaining a minimum of 12 credit hours course load;
- demonstrate a minimum financial need of $1,000; and
- provide two completed reference forms, one from each of two dental hygiene program representatives (e.g., professor or academic advisor) in support of the application, submitted as part of the application form.

**Dental Assisting Scholarship Program**

- be a U.S. citizen (permanent resident status does not qualify);
- be currently attending or enrolled in a dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association;
- be enrolled as a full-time student, defined as maintaining a minimum of 12 credit hours course load;
- demonstrate a minimum financial need of $1,000;
- provide official record of a minimum cumulative grade point average of 3.5 based on a 4.0 scale, either from the most recent completed semester from any schooling or for classes to date as of the application deadline; and
- provide two completed reference forms, one from a dentist or dental assisting representative and one from a school representative (e.g., professor or academic advisor) in support of the application, submitted as part of the application form.

**Dental Laboratory Technology Scholarship Program**

- be a U.S. citizen (permanent resident status does not qualify);
- be currently attending or enrolled in a dental laboratory technology program accredited by the Commission on Dental Accreditation of the American Dental Association;
- have completed at least one semester in the aforementioned program;
- provide official record of a minimum cumulative grade point average of 3.5 based
on a 4.0 scale;
• be enrolled as a full-time student, defined as maintaining a minimum of 12 credit hours course load;
• demonstrate a minimum financial need of $1,000; and
• provide two completed reference forms, one from each of two dental laboratory program representatives (e.g., professor or academic advisor) in support of the application submitted as part of the application form.

Recipient Requirement
Each scholarship recipient will be required to sign a Scholarship Agreement indicating consent to the terms of the award and confirming that all information submitted is accurate.

Additional Information
If you have any questions or need additional information, please contact the Grants Manager, Tracey Schilligo, at (312) 440-2763 or schilligot@ada.org.

Section A: Student Information

Applicant's Name*
Character Limit: 100

U.S. Citizen*
Choices
Yes
No

School Name

Address (includes street, city, state and ZIP code)*
Character Limit: 250

Telephone Number for the School Program you are Attending:*
Character Limit: 10

Student ID Number*
Character Limit: 50

I am Applying for*
Choices
Dental Hygiene Student Scholarship
Dental Laboratory Technology Student Scholarship
Dental Assisting Student Scholarship

Please Provide the Name and Email Address for the Following:

Dean*
Name
Character Limit: 150
Section B: Verification of Academic Record

School Official's Email*
Enter the email address of a school official who can verify your Academic Record. You will then compose an email to that official explaining why you need the record.

Send your request to the official well in advance of the due date of March 10, 2017. Follow-up with the official to ensure that they received your email request for verification.

*It is the applicant’s responsibility* to ensure that this task is completed. Incomplete applications will not be considered for scholarship support.

Below is a sample subject line, along with generic instructions.

Subject: "Your name" - Academic Record Verification for Scholarship

Sample Instructions: "Thank you for taking the time to verify my academic record for the ADA Foundation Allied Dental Student Scholarship. You'll receive an email from the ADA Foundation which will include a URL link for verification. In order for my scholarship application to be considered for funding, this task needs to be completed by March 10, 2017. Thank you."
Section C: Financial Need Assessment

Financial Need Assessment*
Please complete this Financial Needs Assessment form by downloading the template \href{https://example.com}{HERE}. It must be signed by a school financial aid officer and then uploaded to your application.

File Size Limit: 3 MB

Reference Information

Please indicate the scholarship for which you are applying*

Choices
Dental Hygiene Scholarship
Dental Laboratory Technology Scholarship
Dental Assisting Scholarship

References
The ADA Foundation requires two completed Reference Questionnaires and Letters of Support from two program representatives (i.e. program professor or academic advisor) List below those two individuals who will be submitting Reference Questionnaires and Letters of Support on your behalf.

BEFORE contacting the ADA Foundation office to inquire about the status of the Reference Questionnaires and Letters of Support, applicants can check the status at any time by logging into your account and viewing the status of "Third Party Responses" on your home page. For further details, you can click "Edit Application" or "View Application" and scroll to the "Reference" section of your application.

Email Address:
Enter the email address for references below, then click "Compose Email" to send them a personal email asking them to be a reference

(Note: the email you compose will be from "ADA Foundation at Administrator@GrantInterface.com").

Once you compose your email and click "Send", the school representative will automatically receive a second email from this system which will include a link for them to complete the Questionnaire. We recommend that you put your name in the subject line of the email you compose. Below is an example subject line, along with generic instructions for you to copy and paste into your email if you'd like to use them.

SUBJECT LINE: “Your Name - Allied Dental Student Scholarship Reference Request”

SAMPLE INSTRUCTIONS: “Thank you for taking the time to be a reference for me for the ADA Foundation Allied Dental Student Scholarship. You’ll be receiving another email from the ADA Foundation which will include a link. This link will direct you to the required Reference Questionnaire the Foundation has requested you fill out. I also request that you write and upload a Letter of Support on my behalf for the Scholarship.”
Thanks again for your time and let me know if you have any questions. In order for my scholarship to be considered for funding, these tasks need to be completed by March 10, 2017."

NOTE: Verify you have provided the correct email addresses. University and business email systems are often protected with anti-spam software, resulting in the Reference Questionnaire link or your composed email possibly not being received. Make sure your references check their spam/junk folders or else they might not complete the Questionnaire.

Section D: Required Reference Forms 1 of 2: School Representative

School Representative: Reference #1*
Please enter the email address of a school representative who can provide you with a reference. You will then need to compose an email to that representative explaining why you need the reference.

Character Limit: 254

Section D: Required Reference Forms 2 of 2

Reference #2*
Please enter the email address of someone who can provide your second reference. You will then be prompted to send them an email asking them for the reference.

Character Limit: 254

Section E: Biographical Sketch Questionnaire

Explain Why This Scholarship is Important to You.*
Provide reasons other than education-related debt.

Character Limit: 5000

Qualifications for the Scholarship*
Provide in essay form specific examples and details of the academic, leadership, research, service achievements, and/or volunteerism attributes that you believe qualify you as a candidate for this scholarship.

Character Limit: 7500

Section F: Applicant Statements

I hereby authorize the release of information about my academic status and financial needs assessment to the ADA Foundation for the purpose of evaluating my application for the Allied Dental Student Scholarship,

I hereby affirm that all of the information contained herein is correct, and that I am a U.S. citizen.

I am currently enrolled in an allied dental program accredited by the Commission on
Dental Accreditation of the American Dental Association.

I understand that misrepresentation, fraud, or omission of facts is cause for disqualification or suspension of a scholarship.

**Signature**
Type your name in lieu of an actual signature.
*Character Limit: 50*

**Date**
*Character Limit: 10*