

# 2019 Dr. David Whiston Leadership Award

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## *ADA Foundation*

### *Grant Guidelines*

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#### **Dr. David Whiston Leadership Award**

**Purpose:** In order to honor Dr. David Whiston, who has served the oral health profession in a number of important leadership roles for many years, including serving as ADA President, and for four years as the President of the ADA Foundation, the Dr. David Whiston Leadership Program has been established.

Generous gifts from many individual donors, along with a substantial commitment from Henry Schein Cares, will allow the ADAF to provide two awards to promising dentists who have shown the potential for leadership that will improve the oral health of the public, and who wish to refine those skills with more formal leadership training.

**Award Description:** Both the Dr. David Whiston Leadership Award and the Henry Schein Cares Dr. David Whiston Leadership Award will provide \$5,000 each to two deserving individuals to cover the costs associated with attending a leadership program offered by the American Management Association or a course approved by the ADAF. The awards funds can be used to pay for:

- Tuition and fees for the course selected;
- Travel expenses;
- Meals, and
- Lodging, if necessary.

Individuals selected for this award will be eligible to attend a number of programs offered by the American Management Association (AMA). AMA programs are offered in most major cities in the U.S. making travel easy. AMA courses can be viewed here: [www.amanet.org](http://www.amanet.org).

Some examples of the programs offered by the AMA in the areas of leadership development are:

- "Preparing for Leadership "What it Takes to Take the Lead"
- "Achieving Leadership Success through People"
- "Collaborative Leadership Skills for Managers"
- "Leadership Development for Women"
- "The Voice of Leadership: How Leaders Inspire, Influence, and Achieve Results."

**Recipients may also select a program that he/she wishes to attend not offered by the AMA,**

**provided it relates to developing leadership skills and is approved by the ADAF in advance of enrolling.**

**Eligibility Requirements:** Applicant must be a U.S. citizen and have earned or be in the process of earning a D.D.S. or D.M.D. degree from a dental school accredited by the Commission on Dental Accreditation.

Applicant must be either a dental student, graduate student, or resident enrolled in an accredited dental school education program, or an early-career dentist **under the age of 40 or in his/her first five years of professional work following residency.**

Applicant must have held a position within dentistry in which he/she has demonstrated leadership skills, such as, but not limited to:

- The ability to create a vision;
- Effective communications skills sufficient to motivate others to achieve that vision;
- The ability to establish a strong team concept;
- A focus on utilizing those traits for the greater good; and
- Participation in activities which advance the oral health of the public and/or the underserved.

Applicants **are not** required to be members of the American Dental Association.

**How to Apply:** Complete an online application and upload the following documents to the application:

- Curriculum vitae;
- Two letters of recommendation;
- Supporting documentation such as news clippings, organization newsletters, award notifications or certificates, video, etc. are encouraged.

**Deadline:** All applications must be submitted by 11:59 pm CDT on **May 31, 2019**. Incomplete materials will not be considered. By submitting this application, all components, including attachments, may be used by the ADA Foundation for promotional use. The award may result in income tax consequences to the recipient. If selected, recipient should consult with his/her financial and tax adviser.

*\*\*\*A confirmation receipt is emailed at the time of submission. It is the applicant's responsibility to ensure that materials have been submitted and confirmed through the online system by the published deadline.*

**Essay Submission Requirement:** The Dr. David Whiston Leadership Award recipient will be required to submit an essay at the end of the program to describe what he or she learned, describe and give examples of how he/she plans to use the knowledge and skills gained to strengthen his/her leadership skills and contribute to efforts to advance the oral health of the public. This information may be used in a feature story in ADA News, on the ADA Foundation's website, and/or for other promotional purposes.

If you have any questions about this application process contact Tracey Schilligo, Manager, Professional Programs at [schilligot@ada.org](mailto:schilligot@ada.org) or 312.440.2763.

## *Applicant Information*

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### **Applicant Name\***

*Character Limit: 100*

### **Applicant's ADA District\***

Using the drop down box, identify the nominee's ADA district by finding their state.

#### **Choices**

District 1: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut

District 2: New York

District 3: Pennsylvania

District 4: New Jersey, Delaware, District of Columbia, Maryland, Puerto Rico, Virgin Islands

District 5: Mississippi, Alabama, Georgia

District 6: Missouri, Kentucky, Tennessee, West Virginia

District 7: Indiana, Ohio

District 8: Illinois

District 9: Wisconsin, Michigan

District 10: North Dakota, South Dakota, Nebraska, Minnesota, Iowa

District 11: Washington, Alaska, Oregon, Idaho, Montana

District 12: Kansas, Oklahoma, Arkansas, Louisiana

District 13: California

District 14: Nevada, Utah, Wyoming, Colorado, Arizona, New Mexico, Hawaii

District 15: Texas

District 16: Virginia, North Carolina, South Carolina

District 17: Florida

### **Citizenship\***

Are you a U.S. Citizen? *Please note this award is only open to U.S. citizens at this time.*

#### **Choices**

Yes

No

### **Date of Birth\***

*Character Limit: 10*

**Dental School Attended\***

*Character Limit: 250*

**Degree Earned\***

*Character Limit: 250*

**Year of Graduation\***

If applicant completed dental specialty and/or residency, please enter the year of completion of such program.

*Character Limit: 250*

**Award Value\***

Explain how this award will strengthen your leadership in dentistry, and contribute to efforts to improve the oral health of the public.

*Character Limit: 2000*

## *Affiliations*

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**Membership Information:** List all dental association membership information (include membership number where applicable).

**National Organization(s)\***

Include member #, years active, and if any, roles/positions.

*Character Limit: 2000*

**State Organization(s)\***

Include membership #, years active, and if any, roles/positions.

*Character Limit: 2000*

**Local Component Organization(s)\***

Include member #, years active, and if any, roles/positions.

*Character Limit: 2000*

**Specialty Organizaton(s)\***

Include member #, years active, and if any, roles/positions.

*Character Limit: 2000*

**Other**

Include member #, years active, and if any, roles/positions.

*Character Limit: 2000*

## Academic, Research, or Public Health/Government Agency Information

Do you currently hold or have held a position in any of the above fields. If so, please indicate that below and include institution, position, and years at organization. Otherwise, you may proceed to the next section.

*Character Limit: 3000*

## Leadership Skills

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### Leadership Traits\*

Describe your leadership traits, and provide examples of how those have been demonstrated.

*Character Limit: 2000*

### Elected Leadership Roles\*

Detail leadership roles, with a description of titles, duties, and accomplishments.

*Character Limit: 2000*

### Volunteer Activities\*

Describe your volunteer activities with a description of titles, duties, and accomplishments.

*Character Limit: 2000*

### Individual Traits and Experience\*

How do you plan to advance the oral health profession for the good of the public?

*Character Limit: 2000*

### Other\*

Describe any other aspects of your skills, experiences, or background that you believe makes you an ideal candidate for this award.

*Character Limit: 2000*

## Applicant Check List

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### Curriculum Vitae\*

*File Size Limit: 2 MB*

### Letter of Recommendation (#1 of 2)\*

*Letter must be on letterhead with a printed signature.*

*File Size Limit: 2 MB*

### Letter of Recommendation (#2 of 2)\*

*Letter must be on letterhead with a printed signature.*

*File Size Limit: 2 MB*

### **Other Supporting Documentation (optional)**

Applicants may upload an additional piece of documentation supporting their application as they see fit.

*File Size Limit: 3 MB*