

Dental Hygiene Department
Kansas Dental Hygienists' Association Scholarship
Spring 2016

Eligibility:

1. 2.5 GPA in Dental Hygiene
2. Awarded to a full-time student entering the 2nd year of the program
3. Professional involvement
4. Financial need
5. Must attach a one page essay

Application Instructions:

1. Complete the application form printed below.
2. Write a short essay (maximum of one page typed) and include the following items:
 - a. *Describe your reason for applying for this scholarship. State your goals for your dental hygiene career an your relationship and goals with your professional dental hygiene organization.*
 - b. *Describe how you currently demonstrate professionalism and your goals for continual growth in this area.*
 - c. *Explain why you believe the Kansas Dental Hygienists' Association should award this scholarship to you.*
3. **Return the application to the Dental Hygiene Department Office by the 2nd Friday in April.**

Legal Name _____
Last First Middle Initial Maiden or other

WSU ID _____

Current Address _____
Street City State County Zip

Permanent Address _____
(if different) Street City State County Zip

Phone _____ Email Address _____

Overall GPA _____

PROFESSIONAL INVOLVEMENT:

Are you currently a member of SADHA? _____

Describe your involvement with professional associations past and present:

Describe your involvement in school activities and community service both past and present (e.g., honors received, offices held, volunteer work, etc.)

List your interests outside of school _____

ACADEMIC ACHIEVEMENT:

College GPA: _____ Dental Hygiene GPA: _____

FINANCIAL NEED:

Are you currently working? _____ If yes, how many hours per week? _____

Specify your anticipated educational expenses for your 2nd year in the dental hygiene program:

What percentage of your education is currently financed through loans, grants or scholarships? _____ %

How is the remainder of your current education expenses funded? (Be specific regarding the sources of income): _____

Student Certification and Signature:

I certify that all answers I have given in this application are accurate to the best of my knowledge. I understand that failing to disclose or falsifying information could result in my dismissal from Wichita State and that making a false writing is a felony under Kansas law (K.S.A. 21-3711). Social security number and student status data may be provided to other state agencies for use in fraudulent or illegal claims against state monies.

I grant permission to obtain information about my grade point average to evaluate my candidacy for scholarship awards. I understand this information will be kept confidential and will be available only to the scholarship committee having a need to know for the purpose of scholarship determination.

If I am awarded this scholarship, I authorize the University to publish my name as a scholarship recipient.

If offered an award, you will be expected to attend the College of Health Professions' annual scholarship/fellowship reception for the opportunity to thank your donors in person. You are also expected to send a "thank you" letter to your donor.

Signature of Applicant

Date