

# Dental Hygiene Scholarship Application



The National Dental Hygienists' Association is an organization for licensed dental hygienists who have graduated from accredited dental hygiene programs and dental hygiene students who are enrolled in accredited programs. The NDHA is committed to cultivating and promoting the art and science of dental hygiene. The NDHA is especially active in efforts to enhance access to oral healthcare for under-served communities in the United States. The NDHA aims to provide a professional foundation for African American/African decent dental hygienists and dental hygiene students.

**N**urturing **D**ental **H**ygienists' **A**cademics



### A Historical Perspective

In 1932, the NDHA was founded by African American Dental Hygienists'. In the 30's, the goal was to unite the limited number of minority dental hygiene practitioners in the United States

In 1962, the NDHA implemented a restructuring initiative designed to enhance the viability of the Association. The NDHA joined the National Dental Association in holding concurrent annual conventions. While the NDHA and the NDA still hold their annual conventions jointly, the NDHA functions as an autonomous organization. The NDHA board is comprised of five officers and five trustees who are elected by the ever growing general membership body.

### Our Goals

- To improve the standard of quality while increasing accessibility to oral healthcare throughout the country
- To increase the number of African American/African descent dental hygienists
- To increase the delivery of dental hygiene service in communities previously underserved
- To provide scholarships for students demonstrating true financial need
- To promote the highest educational standards for the dental hygienist
- To provide mentoring for African American/African descent dental hygiene students
- To promote autonomous regulation of dental hygiene education, licensure, and practice
- To increase the membership base of the NDHA

### Scholarship Categories

1<sup>st</sup> Year - Enrolled in first year of dental hygiene school

2<sup>nd</sup> Year - Enrolled in second year of dental hygiene school

Mary Hawkins - Student residing in the host state of the NDHA Convention each year and 1<sup>st</sup> or 2<sup>nd</sup> year (see above)

Non-Traditional - Student has completed a degree and returning/enrolled in hygiene school and 1<sup>st</sup> or 2<sup>nd</sup> year (see above)

Albreta Merritt - Student with next highest committee score. Applicant can be from any of above categories



# National Dental Hygienists' Association

## Scholarship Application

**Previous NDHA Scholarship Applications will not be accepted \*\*\*\* Past NDHA Scholarship recipients are ineligible**

To apply for Annual Scholarship submit your application with check or money order for membership by **deadline date of March 15 to:**

Joyce Dais, RDH, MPH, MSEd  
Associate Professor  
National Dental Hygienists' Association Scholarship Committee, Chair  
477 Kipp Street  
Teaneck, NJ 07666

Eligibility requirements:

1. GPA of 2.5 or greater
2. Must be enrolled in dental hygiene program in good standing
3. United States citizenship/permanent resident status required (send proof if needed of residency)

Application Process - Submit:

**Print the entire application from [www.ndhaonline.org](http://www.ndhaonline.org) and include/send the following:**

- Sections:
4. NDHA Student Membership Application - verification can be a copy of card, letter from NDHA or canceled check made out to NDHA
    - a. Student Membership is \$35 to be sent with this application - (membership application in scholarship application)
  5. Copy of your official sealed transcript
  6. Verification of Enrollment Form signed by Registrar or Office of Dean of Students - (form in scholarship application)
  7. Two letters of recommendations:
    - a. One from dental hygiene faculty
    - b. One from non-family/personal reference
  8. Recent passport type photo – **COLOR – Head Shot**
  9. Financial need - (form in scholarship application) – Financial need may be taken into consideration for final determination of awards. State need
  10. List present leadership skills and your goals for the future. Also list evidence of community service on separate sheet)
  11. Briefly state how you will promote the NDHA Organization. Awards will be presented at the NDHA Annual Session President's Breakfast held on Sunday morning - (the year you apply)

**PERSONAL DATA**

NAME \_\_\_\_\_

SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

ADDRESS OF SCHOOL & TELEPHONE NUMBER \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

COLLEGE ENROLLMENT DATE - (CIRCLE ONE):      FALL                      SPRING

APPLYING FOR SCHOLARSHIP – (CIRCLE ALL THAT APPLY):    1<sup>ST</sup> YEAR      2<sup>ND</sup> YEAR      MARY HAWKINS      NON-TRADITIONAL

GRADE POINT AVERAGE - (CUMULATIVE GPA) \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES/COMMUNITY INVOLVEMENT - **(LIST ON SEPARATE SHEET)** \_\_\_\_\_

**Failure to return completed application by deadline date will result in rejection of your entire application**

**DEADLINE DATE: MARCH 15**

ANNOUNCEMENT: MAY 31

## National Dental Hygienists' Association

**TO:** Registrar/Dean of Students  
**FROM:** National Dental Hygienists' Association  
**DATE:**  
**REF:** Verification of Enrollment – By registrar's office only

This is to verify that \_\_\_\_\_ (\_\_\_\_\_)  
Student's Name Social Security Number

has been named as the National Dental Hygienists' Association scholarship recipient in the amount of \_\_\_\_\_ . Note that these funds will be released to the student upon receipt of verification of enrollment.

**THIS IS TO VERIFY THAT THE ABOVE NAMED STUDENT: (to be completed by the Registrar with school stamp)**

\_\_\_\_\_ Is enrolled as a full time student  
\_\_\_\_\_ Is not enrolled at this institution  
\_\_\_\_\_ Will enroll for the \_\_\_\_\_ semester

I certify by my signature that the checked information is true and accurate as of this date.

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

**FUNDS WILL BE DISBURSED UPON RECIEIPT OF THIS FORM**

Prof. Joyce Dais, RDH, MPH, MSED  
Scholarship Chair, National Dental Hygienists' Association  
477 Kipp Street  
Teaneck, NJ 07666

[ForNDHA@aol.com](mailto:ForNDHA@aol.com)  
[www.ndhaonline.org](http://www.ndhaonline.org)



## FINANCIAL NEED – For National Dental Hygienists' Association Scholarship

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DATE OF BIRTH: MM/DD/YYYY \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

**PERMANENT ADDRESS:** (WHERE YOU LIVED BEFORE COMING TO SCHOOL, IF DIFFERENT FROM PARENT'S ADDRESS)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

PLACE OF BIRTH: CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CITIZENSHIP STATUS: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

INCOME FROM PREVIOUS YEAR: \_\_\_\_\_

COST OF SCHOOL TUITION: \_\_\_\_\_

**Next page:** Go to the National Dental Association's website at [www.ndaonline.org](http://www.ndaonline.org); Click on NDA Foundation

Click on [National Dental Association Foundation/Colgate-Palmolive Scholarship Program](#) for instructions on how to fill out NDAF Scholarship Application on next page. You may qualify for a scholarship with NDAF as well.

Please submit NDAF Application electronically at [www.ndaonline.org](http://www.ndaonline.org)

**And** print and send a completed copy with this NDHA Application

**NATIONAL DENTAL ASSOCIATION FOUNDATION, Inc.**

**Colgate-Palmolive Scholarship Program**

**1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> year & Post Doctoral Dental Students**

This scholarship program is Intended for under-represented students

This application  
**MUST** be received  
no later than **May**  
**15th**, of this year.

Applicant's Name: \_\_\_\_\_  
Last First MI

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Where you lived before Street City State Zip  
coming to dental school)

Parent's Address: \_\_\_\_\_  
Street City State Zip

Income from previous year (Please include financial aid) \_\_\_\_\_

Projected income for coming year (Please include financial aid) \_\_\_\_\_

Marital Status:  Married  Single Spouse's Name \_\_\_\_\_

Citizenship Status:  U.S. Citizen  Permanent Resident  Other \_\_\_\_\_

Spouse's income from previous year \_\_\_\_\_ Spouse's projected income for coming year \_\_\_\_\_

Number of dependents \_\_\_\_\_ Amount of total assets & liabilities \_\_\_\_\_

Name of Dental School \_\_\_\_\_ Total cost of tuition & fees: \_\_\_\_\_

Please check the box that applies to the scholarship you are applying for.

Dental Assistant \$ 500.00

Dental Hygiene \$ 800.00

Dental Students \$ 1,000.00

Post Graduate \$ 10,000.00

(Freshmen only) Five (5)  
\$2,000 Scholarship renewable  
for three (3) additional years  
based on academic eligibility

Please complete application electronically  
Print application and PASTE PHOTO HERE

**MAIL COMPLETED APPLICATION TO:**

**Dr. Roosevelt Brown**  
**1623 W. 23<sup>rd</sup> St.**  
**Little Rock, AR 72206**

