



## NDHA Student Scholarship Application

*(Open to First-Year & Second-Year Students from IWCC, CCC, UNMC)*

### Eligibility Requirements:

1. Student must be a student member of NDHA and ADHA and have paid student fees.
2. Student must be enrolled in an accredited dental hygiene program.
3. Student must have a cumulative grade point average of 3.0 or above (4.0 scale)
4. Student must submit the Program Director verification form.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_  Mobile  Home  Work  Other \_\_\_\_\_

Email \_\_\_\_\_

Name & Address of Local Newspaper \_\_\_\_\_

Name of Dental Hygiene Institution \_\_\_\_\_

Are you a member of your schools SADHA Group?  Yes or  No

ADHA Student Membership Number \_\_\_\_\_

Class of 20 \_\_\_\_\_

### **Application Requirements**

1. Students must submit **three** separate written essays, one for each question listed below. Please use provided forms.
2. Essays must be submitted by email and formatted with one inch margins, 12 pt. font size, Times New Roman Style font, and double spaced throughout.
3. DO NOT INCLUDE ANY PERSONAL INFORMATION ON YOUR ESSAY PAGES (Inclusion of personal information will disqualify you).
4. Please include a word count for each essay and refrain from using the specific name of the dental hygiene program or geographical location in your essay.
5. Application, essays, and faculty verification forms should be submitted in one email communication to the NDHA Awards Chair by February 15<sup>th</sup> (sent to Marjean Stamm at [marjeanstamm@gmail.com](mailto:marjeanstamm@gmail.com)).
6. Incomplete applications will be considered ineligible. All essays will be blinded and graded by the judges. Scholarship award recipients will be notified by email no later than March 15<sup>th</sup>.

### **Application Checklist**

- Application Form
- Essay #1: In 500 words or less describe, “In what direction do you envision your dental hygiene career leading you in five years?” **AND** “What are your long-term career goals?”
- Essay #2: In 500 words or less explain: “How will you engage yourself in the Nebraska Dental Hygienists Association/American Dental Hygienists Association once you are a practicing hygienist?”
- Essay #3: Please list the dental related activities you have been involved with both inside and outside of school requirements. (This list is to include volunteer or service organization activities as well as SADHA activities). Please refrain from referring to organizations or locations specifically. List activities in column format which includes date of activity, description of activity, and hours committed to such activity.
- Program Director Verification Form

I have completed the attached essays independently of any external assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit the application, essays, and faculty verification form to the Awards Chairman by February 15<sup>th</sup>. Call NDHA Office if you have questions (402-641-1319).

NDHA Student Scholarship Chair  
Marjean Stamm, NDHA President-Elect  
[marjeanstamm@gmail.com](mailto:marjeanstamm@gmail.com)

## Essay #1

In 500 words or less describe, “In what direction do you envision your dental hygiene career leading you in five years?” **AND** “What are your long-term career goals?”

Word Count \_\_\_\_\_

## Essay #2

In 500 words or less explain: “How will you engage yourself in the Nebraska Dental Hygienists Association/American Dental Hygienists Association once you are a practicing hygienist?”

Word Count \_\_\_\_\_



## Program Director Verification Form

### **Qualifications:**

1. Must be a student member of NDHA & ADHA
2. Must be a matriculating dental hygiene student.
3. Must not be on academic probation.
4. Must have a current minimum 3.0 grade point average (on a 4.0 scale)

I certify that \_\_\_\_\_ meets the above qualifications for the 20\_\_ NDHA Student Scholarship, is a 1<sup>st</sup> year or 2<sup>nd</sup> year dental hygiene student at \_\_\_\_\_, and has the following GPA: \_\_\_\_\_  
(Program name)

**Dental Hygiene: GPA** \_\_\_\_\_

Signature of Program Director \_\_\_\_\_ Date \_\_\_\_\_