

## **KANSAS DENTAL HYGIENISTS' ASSOCIATION SCHOLARSHIP**

(Approved by the KDHA Board of Directors on September 11, 1993)

1. KDHA scholarships will be awarded each year to a JCCC and WSU first year dental hygiene student at the end of his/her spring semester. The scholarships are to be utilized for tuition and books.
2. The student must demonstrate academic achievement with the minimum of a 2.5 GPA or above during the first semester of the dental hygiene curriculum.
3. By applying for the KDHA scholarship, the student gives permission to the KDHA Special Awards Committee and the KDHA Board of Directors to review his/her academic and financial records for determination of eligibility.
4. The Kansas Dental Hygienists' Association will give equal consideration to qualified men, women, and minorities when recommending recipients for KDHA scholarship.
5. The KDHA Special Awards Committee will recommend scholarship recipients to the KDHA board of Directors for Board approval based on:
  - ◆ Professional achievement
  - ◆ Academic achievement
  - ◆ Financial need
  - ◆ One page typed essay
6. KDHA scholarships will be awarded in the amount determined by the KDHA Special Awards Committee depending on the funds available.
7. Obtain the "Free Application for Federal Student Aid" (FAFSA) form from the Office of Student Financial Services on your campus. Complete and mail in form for processing by FAFSA's **deadline date in the spring of the current year.**
8. The following components of the application process for a KDHA Scholarship are due by **May 15th:**
  - ◆ Completed KDHA scholarship application form (typed)
  - ◆ Current transcript from your dental hygiene institution
  - ◆ One page typed essay
  - ◆ Completed FAFSA form

SEND YOU APPLICATION MATERIALS TO:

**KDHA Special Awards  
c/o Mary Jo, RDH  
5101 N Hoover  
Wichita, KS 67205**

The recipients of the KDHA scholarship will be announced in September.

**Kansas Dental Hygienists' Association**  
**SCHOLARSHIP APPLICATION FORM**

(Please type information requested)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE NUMBER: \_\_\_\_\_

NAME OF DENTAL HYGIENE INSTITUTION: \_\_\_\_\_

**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: \_\_\_\_\_

(Attach a copy of a current transcript from your dental hygiene institution)

**Financial Need**

Are you currently working? \_\_\_\_\_ If yes, where and how many hours per week? \_\_\_\_\_

\_\_\_\_\_

Specify your anticipated educational expenses for your 2<sup>nd</sup> 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 educational expenses funded? (Be specific regarding the sources of income) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Obtain the "Free Application for Federal Student Aid" (FAFSA) from the Office of Student Financial Services on your campus. Complete and mail in form for processing by April 1)

**Essay**

Write a short essay (maximum of one page typed) and include the following items.

1. Describe your reason for applying for this scholarship. State your goals for your dental hygiene career and your relationship and goals with your professional dental hygiene organization.
2. Describe how you currently demonstrate professionalism and your goals for continual growth in this area.
3. Explain why you believe the Kansas Dental Hygienists' Association should award this scholarship to you.

**I certify that all statements made or information furnished are true at the date of this application. I hereby authorize the Office of Student Financial Services at \_\_\_\_\_  
To release information on my financial need to the Special Awards Committee of the Kansas Dental Hygienist's Association.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**