



MISSION: TO BUILD HEALTHIER HISPANIC COMMUNITIES
HISPANIC DENTAL ASSOCIATION FOUNDATION
2018-2019 SCHOLARSHIP PROGRAM

THE HISPANIC DENTAL ASSOCIATION FOUNDATION in its quest for continuous improvement in the development of oral health professionals presents a scholarship program to students in dentistry. Scholarships in the amount of **\$500 to \$2,000** for Dental Students, Dental Hygiene Students, Dental Assisting Students, and Laboratory Technology Students and **\$4,000** for Dental Specialty Residents will be awarded to support meritorious work by students who seek to advance their scientific and applied clinical knowledge as they enter into the oral health profession. **Scholarship amounts vary depending on Funder of Scholarship.** Please refer to each scholarship description for details.

What is the intent of the scholarship?

The intent of this HDA Foundation Scholarship Program is to support promising students as they pursue their academic training. The awarding of these scholarships will support the grantees during their dental, dental residency, dental hygiene, dental assisting or dental technician programs.

Who can apply?

These scholarships are open to student members of the Hispanic Dental Association who have been accepted or enrolled into an accredited dental, dental residency, dental hygiene, dental assisting or dental laboratory technician program. Students **must** be a current student member of the Hispanic Dental Association.

How does one apply?

The attached application form must be submitted to the Hispanic Dental Association Foundation at the address listed at the bottom of this page. The application must be received by the Foundation no later than **July 1, 2018**. Application must be typed and submitted in English.

How will the scholarships be awarded?

The Scholarship Committee of the HDA Foundation will review each application on its merit. Areas that will be included are the demonstration of:

- Commitment and dedication to improving the oral health of the Hispanic community
- Community Service (*i.e.* volunteer efforts in school, medical facilities, church, etc.)
- Leadership Skills
- Scholastic Achievement

What is the timing of the scholarship program?

For the 2018-2019 academic year, the application must be postmarked no later than **July 1, 2018**. The award decisions will be final and communicated to all applicants by **August 1, 2018**.

Return Application for the 2018-2019 Scholarships to:

HISPANIC DENTAL ASSOCIATION FOUNDATION

4557 Dogwood Lane, Brownsburg, IN 46112

or by email to: hdafoundationscholarships@gmail.com

For further information, call 317-714-0037 or email hdafoundationscholarships@gmail.com

HISPANIC DENTAL ASSOCIATION FOUNDATION 2018-2019 SCHOLARSHIP PROGRAM

SCHOLARSHIP APPLICATION INSTRUCTIONS

Thank you for applying to the Hispanic Dental Association Foundation Scholarship Program. You may be eligible to receive an award if you meet all program requirements.

Eligibility Requirements

To be considered you must:

- Be accepted or enrolled in an accredited dental program, dental hygiene program, dental assisting program, or dental laboratory program in the U.S. or Puerto Rico.
- Be a current HDA (Hispanic Dental Association) member and/or HSDA member.
- Be a full-time student during the academic year for which you are applying.
- Have a minimum average grade point of 3.0 on a 4.0 scale or in good academic standing at your school if your dental program does not provide a GPA.
- Show interest in improving the oral health of the Hispanic community.
- Show evidence of commitment and dedication to serve the Hispanic community.

Please read all materials carefully. It is YOUR responsibility to ensure that ALL of the necessary materials are received at the HDA Foundation office by the deadline.

Scholarship Application Deadline

This application will be evaluated based on merit. **Materials must be typed and in English. Handwritten applications will be disqualified.**

- You must submit your completed application to the Hispanic Dental Association Foundation (HDAF) **postmarked or emailed no later than July 1, 2018.**
- The Verification form must be sent directly from the school to the HDAF **postmarked or emailed no later than July 1, 2018.** (Remember you are to complete the top portion of the Verification.)
- One (1) Recommendation must be submitted directly from the Recommender to the HDAF **postmarked or emailed no later than July 1, 2018.**
- The award decisions will be communicated to all applicants by **August 1, 2018.**
- If you are a recipient of this scholarship award, you are required to write an essay (500 word maximum) outlining your career goals and the challenges you feel are facing providers of Hispanic communities. **Parts of or your complete essay and any pictures taken by the HDAF during the awards ceremony may be used in HDA/HDAF/Sponsor publications. Submission of this application gives your approval for said use.**
- If you are a recipient of this scholarship award, you will receive an **additional scholarship package** that will include \$500 travel reimbursement and complimentary meeting registration to attend the HSDA Regional Conference September 8, 2018, at the University of Illinois at Chicago College of Dentistry. **Attendance on Saturday, September 8th is mandatory for scholarship acceptance.**

FAILURE TO HAVE ON FILE WITH THE HDAF THE COMPLETED FORMS LISTED ABOVE BY THE APPROPRIATE DEADLINE DATE WILL RESULT IN REJECTION OF YOUR ENTIRE APPLICATION.

**HISPANIC DENTAL ASSOCIATION FOUNDATION
2018-2019 SCHOLARSHIP PROGRAM**

APPLICANT'S NAME _____

PLEASE SELECT THE SCHOLARSHIPS YOU ARE APPLYING FOR (YOU MAY SELECT MORE THAN ONE):

- | | |
|--|--|
| <input type="checkbox"/> COLGATE | DENTAL RESIDENCY OR SPECIALTY STUDENTS |
| <input type="checkbox"/> COLGATE | DENTAL STUDENTS - 1ST, 2ND, 3RD, 4TH YEAR DENTAL HYGIENE STUDENTS - 1ST, 2ND YEAR |
| <input type="checkbox"/> PROCTER & GAMBLE | DENTAL STUDENTS - 1ST, 2ND, 3RD, 4TH YEAR DENTAL HYGIENE STUDENTS - 1ST, 2ND YEAR DENTAL ASSISTING STUDENTS |
| <input type="checkbox"/> ESPERANZA RODRIGUEZ | DENTAL STUDENTS - 1ST, 2ND, 3RD YEAR |
| <input type="checkbox"/> A-DEC | DENTAL STUDENTS - 3RD, 4TH YEAR |
| <input type="checkbox"/> JUAN D. VILLARREAL | TEXAS STUDENTS ONLY DENTAL STUDENTS - 1ST, 2ND, 3RD, 4TH YEAR DENTAL HYGIENE STUDENTS - 1ST, 2ND YEAR |

**HISPANIC DENTAL ASSOCIATION FOUNDATION
2018-2019 SCHOLARSHIP PROGRAM**

SCHOLARSHIP APPLICATION

PLEASE READ ALL INSTRUCTIONS CAREFULLY **BEFORE** COMPLETING APPLICATION.
ALL APPLICATIONS MUST BE TYPED.

A. General Information

Full Name: _____

Mailing Address: _____

Cell Phone #: _____

Email (school): _____ Email (personal): _____

Permanent Address: _____

B. Program

In the Fall of 2018, I will be enrolled in the following program:

DENTAL: DDS or DMD DENTAL HYGIENE: DENTAL ASSISTING: DENTAL TECH:

DENTAL GRADUATE PROGRAM:

School (note year in school): _____

Specialty Program (if applies): _____

Dean or Program Director Name: _____

Dean or Program Director email: _____

Dean or Program Director telephone: _____

C. Education (*Dental Applicants – list main College and Dental School attended*).

From: _____ To: _____ Degree Earned: _____

School: _____

From: _____ To: _____ Degree Earned: _____

School: _____

From: _____ To: _____ Degree Earned: _____

School: _____

Important: You must type on this form. If additional space is necessary, please include a separate page clearly marked.

D. Community Service and Volunteer Activities (HSDA and non-HSDA)

List student, professional association, community based research and/or volunteer experiences (with dates of participation) that include up to 10 activities, with preference given to Hispanic community outreach and Hispanic oral health related activities:

Date/Name of Organization/ Brief Description of Activity

E. Leadership (HSDA and non-HSDA)

List any HSDA or other Leadership positions (with dates of participation) you have held while in or leading up to your dental program. List up to 5 total:

Date/Name of Organization/Position(s) Held

F. Honors, Awards, and Scholarships (HSDA and non-HSDA)

List any honors and/or awards received in any capacity eg: scholastic achievements, scholarships, community service, leadership, and extracurricular activities (with dates of participation). List up to 5 total:

Date/Name of Organization/Honors/Awards/Scholarships

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SCHOLARSHIP APPLICATION RECOMMENDATION

Applicant must provide one Recommendation from a clinical or didactic faculty member or a healthcare professional. Recommendation Checklist must be filled out and mailed/emailed to the HDAF by the person (Recommender) filling out the Recommendation.

Section to be completed by Applicant (please type):

Name of Applicant: _____

Address: _____

Applicant Signature _____ Date: _____

This will notify HDA Foundation that my recommendation will come directly from:

Dental School Faculty Other _____

Name: _____

Company or School: _____

Address: _____

Phone: _____

Email: _____

NOTE: Failure to provide one recommendation will disqualify the application.

RETURN POSTMARKED OR EMAILED NO LATER THAN July 1, 2018.

HDA Foundation

4557 Dogwood Lane, Brownsburg, IN 46112
Email: hdafoundationscholarships@gmail.com



2018-2019 SCHOLARSHIP PROGRAM RECOMMENDATION

APPLICANT'S NAME _____

1. Knowledge of the Applicant

I have known the Applicant for _____ Year(s) _____ Month(s)
(e.g., 3 years and 6 months)

2. Evaluation of the Applicant Please rate the applicant in each of the following categories.

| | Outstanding | Very Good | Average | Below Average | No comment |
|-------------------------|-------------|-----------|---------|---------------|------------|
| Leadership | | | | | |
| Academic Knowledge | | | | | |
| Professionalism | | | | | |
| Clinical Skills | | | | | |
| Interpersonal Skills | | | | | |
| Demonstrates Initiative | | | | | |
| Communication Skills | | | | | |
| Ethics | | | | | |
| Organization Skills | | | | | |
| Volunteerism | | | | | |

3. Why should this applicant be awarded a HDAF Scholarship? (Please attach a brief letter of recommendation.)

Recommender – Please return directly to the HDAF office

RETURN POSTMARKED OR EMAILED NO LATER THAN **July 1, 2018.**
HDA Foundation
 4557 Dogwood Lane, Brownsburg, IN 46112
 E-mail: hdafoundationscholarships@gmail.com

**HISPANIC DENTAL ASSOCIATION FOUNDATION
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DEAN / PROGRAM DIRECTOR VERIFICATION

Section to be completed by Applicant (please type):

I hereby authorize the release of my school's acceptance information to the Hispanic Dental Association Foundation.

Name of Applicant: _____

Address: _____

I have been accepted in a dental, dental hygiene, dental assisting or dental laboratory technology program at the following school:

Applicant Signature _____

Date: _____

Section to be completed by Dean/Program Director:

A. Dean/Program Director's Name: _____

Phone: _____

Email: _____

Name of School: _____

School Address: _____

Dean/Program Director Signature: _____ Date: _____

(Requires Verification and Stamp)

Dean / Program Director: Please continue on next page.

Continued from previous page

B. Please provide the following information in order to assist us in evaluating this candidate.

Has the Applicant been accepted or enrolled in your institution for the Fall 2018 term?

YES NO

What is the anticipated date of completion for this applicant from this program? Month/Year: _____

Degree Program

DENTAL: DDS or DMD GRADUATE DENTAL PROGRAM

DENTAL HYGIENE/ASSISTANT/TECHNICIAN: Baccalaureate Associate Certificate

Academic Background

Dental Student Applicant: GPA and Rank _____ on a 4.0 scale

Dental Hygiene/Assistant/Technician Applicant: GPA _____ on a 4.0 scale

If institution does not use the GPA or ranking, is the student on track for graduation?

Yes No

Thank you for your cooperation in promoting excellence in the oral health care professions.

Note: Failure to complete this Verification will disqualify the applicant from consideration.

RETURN POSTMARKED OR EMAILED NO LATER THAN **July 1, 2018**

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