



## Application for Academic Scholarship

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include the following items to be considered as an applicant:

1. Transcript (UNOFFICIAL is sufficient)
2. Two letters of recommendation from Program Directors or Faculty Members
3. A personal statement indicating interests, career goals and views of Dental Hygiene of no more than two typewritten pages, double spaced

Please direct any questions and submit all materials by January 15, 2017 to:

Virginia Heroux  
MDHA - Council Chair of Education and Research  
Email address: vmhmme@aol.com