

West Coast District Dental Association Fund

A donor advised fund administered through the Florida Dental Health Foundation

Submission Requirements for a Hygiene Scholarship

(Application deadline: December 31, 2008)

This application is a scholarship award; therefore academic achievement (grades) will be reviewed thoroughly and may be the determining factor of award. Only one award per school per program may be given during the funding year.

1. Submit a thoroughly completed and signed application.
2. Official grade transcripts from most recent period of education, reflecting a cumulative 2.5 or better GPA (photocopies or student copies will not be accepted).
3. Letter from applicant explaining need for scholarship.
4. Letter of Acceptance into hygiene program and date of matriculation if applicant has not started classes or does not have any hygiene grades on transcript yet.
5. Supporting documents:
 - Official Grade Transcript
 - Letter from applicant
 - Letter of need from program director
 - Proof of current enrollment
6. Other eligibility requirements:
 - Applicants must have lived in Florida for at least three years and have entered an ADA-accredited program.

Note: Incomplete application packets **will not** be reviewed.

West Coast District Dental Association Fund
Dental Hygiene Scholarship Application Form

Name _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Current Occupation or Source of Income _____

Name of Employer _____ Current Salary \$ _____

Education

College/Community College _____

Year (1st, 2nd, Freshman, Sophomore, etc.) _____ Degree sought _____ GPA _____

High School _____ Year Graduated _____

Technical School _____ Year Graduated _____

Note: Official grade transcript of highest level of education achieved must be attached to application.

Are you listed as a dependent on parent's tax returns? Yes _____ No _____

Please provide parent information ONLY if you are listed as a dependent:

Father's name _____

Address _____

City State Zip

Occupation _____ Yearly Salary _____

Mother's Name _____

Address _____

City State Zip

Occupation _____ Yearly Salary _____

Are you currently _____ Single _____ Married _____ Divorced _____ Widowed

Do you have children? _____ Yes _____ No If Yes, how many are your dependents? _____

Ages of dependents _____

If married, spouse's occupation: _____ Current yearly salary: _____

Why are you interested in becoming a dental hygienist? (attach additional sheets if necessary)

Which accredited Florida Dental Assisting School(s) has accepted you?

School _____ Hygiene Director _____

School _____ Hygiene Director _____

In what Florida County or City do you plan to work after receiving your degree? _____

Have you ever received a WCDDA Fund Scholarship before? Yes _____ No _____

If yes, Date _____

Have you applied for financial assistance from other sources? Yes _____ No _____

Do you receive financial assistance from other sources? Yes _____ No _____ (please specify below)

I attest that to the best of my knowledge all of the above information is correct.

Signature

Date

Return this completed application and support documents to:

West Coast District Dental Association
9720 North Armenia Ave, #F
Tampa, Florida 33612

Attach support documents:

Official Grade Transcript
Letter of Need from Program Director
Letter from Applicant
Proof of Current Enrollment