

WASHINGTON STATE DENTAL HYGIENISTS' ASSOCIATION

P. O. Box 389 ♦ Lynnwood, WA 98046

Tel # 425-771-3201 ▪ Fax # 425-776-5289

Current members of WSDHA/ADHA (must be licensed to be a member of WSDHA/ADHA) qualify for this grant. One award is available to a WSDHA member enrolled in a WA Degree Completion Program and one award is available to a WSDHA member enrolled in a graduate degree program. Awards will be presented during House of Delegates. This grant will be based 1/3 rd on financial need; 1/3rd on commitment to the profession; 1/3rd on community service.

\$1,000.00 Life Long Learning Grant **APPLICATION**

Name: Mr. Ms. Miss Mrs _____
(Last) (First) (Middle/Maiden)

Address: _____
City _____ State _____ Zip _____ Tel _____
E-Mail _____

School You are Attending: _____

Degree pursued: _____ Date of completion: _____

Number of children and/or dependents (with names/ages)

Are any other family members attending a college for which you are helping to finance?

YES NO

Are you currently employed in dental hygiene?

YES

NO

Occupation of other household member(s). Please list name(s) and occupation(s):



SCHOLASTIC SECTION

Dental Hygiene Graduation from: _____
Year _____

How long have you been a member of ADHA/WSDHA? _____

Describe how you have been active in your association and what you consider to be the importance of membership in your professional life:

Describe the purpose for which you are pursuing an advanced degree:

Describe how you intend to use your degree in the future to improve dental hygiene as a profession and/or the oral health of the public:

FINANCIAL SECTION

How have you funded your current dental hygiene educational year? (Please describe sources of income and amounts that you have used)

What was your reported income for the last fiscal year? \$ _____

The grant will be sent directly to the institution of higher learning you are enrolled in. Please indicate the name, address and department this should be directed if you are the grantee:

Please have two (2) current letters of reference sent with your Application.

I certify that the information given herein is true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

DEADLINE: All applications must be completed and into WSDHA by **October 8, 2006 at 4:30 pm.** Scholarships will be awarded at the WSDHA House of Delegates on Saturday, October 21, 2006 at the President's Dinner at Cedarbrook Conference Center, SeaTac. You do not have to be present.

Return applications and two letters of reference to:

**WSDHA Scholarship & Awards, P. O. Box 389, Lynnwood, WA 98046
Or fax to: 425-776-5289.**