

**WASHINGTON STATE  
DENTAL HYGIENISTS' ASSOCIATION  
P. O. Box 389 ♦ Lynnwood, WA 98046  
425-771-3201 www.wsdha.com**

Experience has shown that incomplete and poorly prepared applications are not given as full consideration by Scholarship Awards reviewers, thereby handicapping the applicant. The interests of the applicant are advanced by a neatly prepared and fully completed application.

*Lona Hulbush Jacobs Memorial Scholarship*  
**APPLICATION**

Name: <circle one> Mr. Ms. Miss Mrs

\_\_\_\_\_

(Last) (First) (Middle/Maiden)

**Address:**

Present \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_

**Dental Hygiene School You are Attending:** \_\_\_\_\_

**Year of Graduation** \_\_\_\_\_

**Number of children and/or dependents (with ages)** \_\_\_\_\_

\_\_\_\_\_

**Occupation(s):** (limit to the previous three years)

Applicant \_\_\_\_\_

Spouse \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

## FINANCIAL SECTION

**What has been your source of funds for your first year dental hygiene educational year?**

**Savings**                      \$ Amount

**Personal Loans**            \$ Amount

**Work**                         \$ Amount

**Spouse or Family**         \$ Amount

**What is your plan to finance your final year of education? Include financial amounts from each source. Include any information you think is important about this issue.**

**During your current year in dental hygiene education, have you been the recipient of any scholarship awards, educational loans, or grants?**     Yes     No

Type \_\_\_\_\_

Amount \_\_\_\_\_                      **Will it continue next year?**    Yes     No

Type \_\_\_\_\_

Amount \_\_\_\_\_                      **Will it continue next year?**    Yes     No

**Are you applying for other financial aid to assist in funding next year's dental hygiene education?**

Yes                       No

Type \_\_\_\_\_

\$ Amount \_\_\_\_\_

Type \_\_\_\_\_

\$ Amount \_\_\_\_\_

## SCHOLASTIC SECTION

List all schools attended beyond high school graduation. (Include a transcript from each school.)  
Include college cumulative GPA. (copies of transcripts can be unofficial)

**Attach a brief essay on why you have pursued dental hygiene as a career.**

Describe your most important current campus activities, including honors, awards, and special projects.

Briefly describe your extra curricular activities, volunteer work, or public service:

Please include *three current letters of reference* with your application. One must be from a dental hygiene instructor. You *must* be a Student Member of ADHA/ WSDHA to apply.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_, Year \_\_\_\_\_

Scholarship Application must be received in the WSDHA Office no later than  
the listed deadline on the website. This varies year to year  
Mail to P.O. Box 389, Lynnwood, WA 98046.