

North Texas Dental Hygienists' Association

TWU Scholarship

www.ntdha.org

October 2019

Dear Dental Hygiene Students,

The North Texas Dental Hygienists' Association (NTDHA) is accepting applications for the TWU Scholarship. This scholarship is offered to help meet educational and licensure expenses of a student deserving of this additional financial support. We are pleased to award a \$500 scholarship to one junior and one senior student who has both academic and leadership qualities.

Our Association has established a committee, which will review all applications. The scholarship will be awarded on the basis of financial need and verification of passing academic grade point average, as well as faculty evaluation and recommendations. The scholarship will be awarded at the NTDHA meeting on March 26, 2020. Also, please be aware that **the recipient of the scholarship must be present at this meeting to receive their award.**

If you would like to apply for this scholarship, please proceed carefully and thoughtfully through the following steps:

1. Fully complete the student portion of the application.
2. Write your name at the top of the "Faculty Evaluation Form".
3. Give the Faculty Evaluation Form to two dental hygiene instructors of your choice. Request a time/date that you can pick up the completed evaluation forms from the dental hygiene faculty members. Each must be sealed in an envelope with the Faculty member's signature across the seal.
4. Obtain one letter of recommendation. These letters may be from a fellow SCADHA member, a non-hygiene faculty member, a clergy, or friend. The letter should be brief, limited to one page. The letter should state why the person thinks you deserve the scholarship.
5. Attach all forms together and mail ***no later than January 31, 2020 to:***
Jerri Faulds, RDH; 2405 Shetland Drive, Highland Village, TX 75077

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Name: _____

Email Address: _____

Marital Status: _____

How is school being funded? (self, scholarships, grants) _____

Do you work to help pay for school? _____

If you work, please indicate how many hours per week. _____

In what year of hygiene school are you? _____

What is your GPA (on a 4.0 scale)? _____

Are you a member of SCADHA? _____

Are you an office or committee chair in above? _____

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FACULTY EVALUATION FORM

STUDENT NAME _____

On a scale of 1-5, with 5 being the highest

	5	4	3	2	1
Clinical appearance	_____				
Punctuality	_____				
Professionalism	_____				
Rapport with patients	_____				
Consideration of peers	_____				
Problem solving abilities	_____				
Rapport with faculty	_____				
General attitude	_____				

Please comment on the student's leadership qualifications, ability to achieve personal goals, and any additional comments that you feel are relevant to this scholarship.

Date _____ Signature _____