**Illinois Dental Hygienists’ Association (IDHA) Scholar Society Application**

**Recipient receives a $500.00 Scholarship**

**Directions**

1. This form is a fillable document. Type your answers directly on this form for completion.Once you have completed this form,e-mail it to IDHA Student Relations Committee at mail@idha.net by **September 15th**. In the Subject, put your name and Scholarship Application just like the example provided (example: Kristen Holsapple, Scholarship Application).
	* Completed correctly (2 points), Grader/Rater will fill this out.
	* Partially/Incorrectly completed (0 points), Grader/Rater will fill this out.

**Full Name:** Click here to enter text.

**Birthdate:** Click here to enter text.

**Dental Hygiene Program:** Click here to enter text.

**E-mail Address:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Address:** Click here to enter text.

**State:** Click here to enter text. **Zip:** Click here to enter text.

**Cumulative Grade Point Average:** Click here to enter text.

**Fun Information**

In 3-5 sentences, tell us about yourself. In 3-5 sentences tell us why you deserve to receive this Scholarship.

* Click here to enter text.
* Completed correctly (2 points), Grader/Rater will fill this out.
* Partially/Incorrectly completed (0 points), Grader/Rater will fill this out.
1. **Qualifications**
2. Are you a current student in a Dental Hygiene Program?
	* Applicant please bold your answer, Yes or No.
		+ Yes (2 points), Grader/Rater will fill this out.
		+ No (0 point), Grader/Rater will fill this out.
3. Are you currently an ADHA student member?
	* Applicant please bold your answer, Yes or No.
		+ Yes (2 points), Grader/Rater will fill this out.
		+ No (0 point), Grader/Rater will fill this out.

1. Are you able to attend the IDHA Annual Session to receive this award Saturday, November 6, 2021?
	* Applicant please bold your answer, Yes or No.
		+ Yes (2 points), Grader/Rater will fill this out.
		+ No (0 point), Grader/Rater will fill this out.
2. **Answer the following questions** (minimum 3 sentences, maximum 5 sentences).
3. **What is the mission of IDHA?**
* Click here to enter text.
	+ Grader/Rater will fill this out below.
		1. 10 points, excellent answer, correct usage of grammar, and followed the instructions.
		2. 5 points, good answer, 1 error in grammar, and/or did not follow the instructions.
		3. 1 point, fair answer, 2 or more errors in grammar, and/or did not follow the instructions
1. **What does it mean to you to be an active member in IDHA/ADHA after graduation?**
* Click here to enter text.
	+ Grader/Rater will fill this out below.
		1. 10 points, excellent answer, correct usage of grammar, and followed the instructions.
		2. 5 points, good answer, 1 error in grammar, and/or did not follow the instructions.
		3. 1 point, fair answer, 2 or more errors in grammar, and/or did not follow the instructions.
1. **What is the role of the Scholar Society in IDHA?**
* Click here to enter text.
	+ Grader/Rater will fill this out below.
		1. 10 points, excellent answer, correct usage of grammar, and followed the instructions.
		2. 5 points, good answer, 1 error in grammar, and/or did not follow the instructions.
		3. 1 point, fair answer, 2 or more errors in grammar, and/or did not follow the instructions.
1. **Tell us how you contribute to your local community.**
* Click here to enter text.
	+ Grader/Rater will fill this out below.
		1. 10 points, excellent answer, correct usage of grammar, and followed the instructions.
		2. 5 points, good answer, 1 error in grammar, and/or did not follow the instructions.
		3. 1 point, fair answer, 2 or more errors in grammar, and/or did not follow the instructions.
1. **How do you plan to be a lifelong learner in the Dental Hygiene Profession?**
* Click here to enter text.
	+ Grader/Rater will fill this out below.
		1. 10 points, excellent answer, correct usage of grammar, and followed instructions.
		2. 5 points, good answer, 1 error in grammar, and/or did not follow instructions.
		3. 1 point, fair answer, 2 or more errors in grammar, and/or did not follow instructions.
1. **Faculty Instructor(s)** The applicant needs to choose two instructors and complete the information below for this portion of the scholarship. The chosen instructors then need to e-mail mail@idha.net with a statement agreeing with the description below by **September 15th**. A copy of the instructors e-mail will be attached with your application once submitted.
2. This instructor believes in you and the dental hygiene profession. They trusts you are outstanding clinically, professionally, academically, and deserves to receive this scholarship.
	* Instructors Name: Click here to enter text.
	* Instructors Phone Number: Click here to enter text.
	* Instructors E-mail Address: Click here to enter text.
	* Grader/Rater will fill this out below.
		1. Completed, (Yes, 20 points)
		2. Incomplete, (No, 0 points)
3. This instructor believes in you and the dental hygiene profession. They trust you are outstanding clinically, professionally, academically, and deserve to receive this scholarship.
* Instructors Name: Click here to enter text.
	+ Instructors Phone Number: Click here to enter text.
	+ Instructors E-mail Address: Click here to enter text.
	+ Grader/Rater will fill this out below.
		1. Completed, (Yes, 20 points)
		2. Incomplete, (No, 0 points)
1. **Total Points /100 points**
	* The applicant with the most points out a 100 will receive an e-mail congratulating them in receiving this Scholarship.

A member of the IDHA will welcome the recipient the beginning of October through an e-mail and a phone call. Thank you for your Participation in the Scholar Application Process.

Revised January 2021