



# **OHIO DENTAL HYGIENISTS' ASSOCIATIONS' CHRISTOPHER SIMMONS STUDENT SCHOLARSHIP 2017**

## **1. Purpose**

The ODHA Scholarship of \$250 is awarded to the second year dental hygiene student to assist in financing their dental hygiene education.

## **2. Selection Criteria**

- Scholastic ability (2.5 minimum)
- Professionalism
- Financial need
- Student Chapter of ADHA involvement – potential for future professional contribution

## **3. Procedure**

- All interested second year or senior dental hygiene students may make an application for the scholarship. The applications should be emailed to the person on the application form. Email deadline for submitting application is **October 14, 2017**.
- ODHA scholarship selection committee will mask all applications.
- Criteria Review forms will be utilized for standardization.
- The Administrative Assistant will tally the scholarship committees' responses which will determine the scholarship recipient.
- The scholarship can be presented by the component trustee at the state Annual Session.

**Application**  
**Ohio Dental Hygienists' Associations'**  
**Christopher Simmons' Student Scholarship**  
All applications must be emailed by **October 14, 2017.**

Email to: **Suzy Savanick, RDH** ([ODHASTudent\\_Council@outlook.com](mailto:ODHASTudent_Council@outlook.com))  
Christopher Simmons Scholarship Committee Chair

Name \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

School address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

What has been your primary source of funds for your education to date?

*If self-supporting:*

Your occupation: \_\_\_\_\_ Gross annual income: \_\_\_\_\_

*If married:*

Your occupation: \_\_\_\_\_ Gross annual income: \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_ Gross annual income: \_\_\_\_\_

*If claimed as a dependent:*

Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Number and ages of other dependent children: \_\_\_\_\_

Parent's combined gross annual income: \_\_\_\_\_ (Include all funds available for support of family)

Are you the recipient of other financial awards? If so, explain:

**(continued)**

List any extracurricular activities you are involved in:

Dental Hygiene Curriculum hours and GPA: \_\_\_\_\_

Overall GPA (4.0 scale): \_\_\_\_\_

Number of hours completed: \_\_\_\_\_

Quarter or semesters: \_\_\_\_\_

**Using the space provided, with a minimum of 500 words, state why you think you should receive this scholarship in terms of financial need, professional interest, plans for future involvement with ODHA, and academic accomplishments. You must include all four components in your essay; points will be deducted if all four are not included.**

**(continued)**

*Essay continued:*

*Application Verification:*

I certified that I have read the completed application accurately to the best of my knowledge. This material is confidential and will be seen only by the members of the Scholarship Selection Committee and the Administrative Assistant of the Ohio Dental Hygienists' Association.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

*Student Chapter of ADHA Advisor verification:*

I hereby verify that this student applicant is the Chapter member and has accurately reported his/her GPA.

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Student Chapter of ADHA Advisor signature

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Date

(If this form is completed and submitted electronically, just have the Student Chapter Advisor email)