

ODHA Gail Benninger Member Scholarship Application

The ODHA Member Scholarship has been in existence for many years and was renamed in honor of an outstanding professional and dedicated ODHA member, Gail Benninger. Gail received her bachelor's degree from The Ohio State University Dental Hygiene Program and her master's degree from the University of Akron. Gail Benninger, RDH, MS, was an active ODHA member serving in many capacities, not the least of which was her term as ODHA President 1984-85. She was tireless in her efforts toward legislative initiatives in Ohio, passionate about fluoridation, and campaigned for and drafted infection control standards that guide us today. Outside of ODHA, Gail served as Clinical and Preventive Services Coordinator at the Bureau of Oral Health Services, Ohio Department of Health, where she was also a very valued and honored employee.

The Ohio Dental Hygienists' Association is very pleased to offer the Gail Benninger Member Scholarship this year in the amount of \$500.00. It will be presented at the ODHA Annual Session in November. Those individuals interested in applying must meet the following requirements:

Applicants must:

- Be Professional ODHA members who are currently enrolled or plan to be enrolled this year in a health related field pursuing a Bachelor's, Master's, or Doctorate degree.
- Have at least five (5) years of continuous Professional membership in ODHA prior to applying for this scholarship.
- Demonstrate evidence of their active involvement in ODHA and/or their component association with a description of no more than 2 typewritten or computer generated, double-spaced pages.
- Provide proof of enrollment in a degree completion program at a college or university.

The documentation above must be sent along with the completed form below to the following email or address postmarked on or before October 21, 2019.

Jamie Krob, RDH, MPH, DHEd
ODHA Gail Benninger Member Scholarship
5350 Shaker Valley Cir. SE
Canton, OH 44707
(330)484-3616
thekrobs@yahoo.com

We welcome and encourage contributions to perpetuate this scholarship fund in order to continue to offer and hopefully award it to one eligible applicant every year. Donations to be sent to ODHA Administrative Assistant, Katie Camp.

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Name:

Component:

Home Address:

City, State, Zip Code:

Phone:

E-Mail:

Please include your evidence of involvement with ODHA and also proof of enrollment in a separate attachment. The documentation must be sent along with the completed form to the following address **postmarked (or emailed)** on or before October 21, 2019.

Mail or Email to:

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