



**Albreta Merritt**

**Degree Completion Scholarship Award**

# **ALBRETA MERRITT DEGREE COMPLETION SCHOLARSHIP AWARD**

## **Application Guidelines**

The Albreta Merritt Degree Scholarship was established in 2009 from a bequest made to the Wolverine Dental Hygienists' Society (WDHS) from family and friends of Albreta. Ms. Merritt was an active member of WDHS and a life-long educator in Detroit and its surrounding communities.

The scholarship is offered to active members of WDHS in good standing, who like Albreta, value education and are in pursuit of a post-dental hygiene and post-associate's degree in Allied Health, Dental Hygiene, Public Health, Arts/Education or Health Care, and who meet other criteria as outlined in these guidelines. Albreta always exemplified a positive attitude and was always willing to support the numerous students she had over the years as well as her dental hygiene peers.

WDHS recognizes the growing need for dental hygienists, as well as other providers of dental and healthcare and so it is our goal to promote, encourage and support the dental hygiene and health care profession in order that the healthcare needs in the respective communities are met. With her leadership and commitment to education, Albreta Merritt was a living testimony to the ideals of WDHS.

The Albreta Merritt Degree Scholarship, managed by the Wolverine Dental Hygienists' Society, is awarded to those active WDHS members currently enrolled in a college or university and is a resident of Michigan. The maximum scholarship amount is up to \$1,000.00 (USD). The number of scholarships awarded in a given year is dependent upon monetary availability.

The Scholarship Award, on behalf of the applicant, will be made payable to the *applicant* named on the application.

## **SCHOLARSHIP CRITERIA**

### **Criteria for Applicants:**

1. Be an active member of WDHS in good standing
2. Have previously completed an Associate's degree
3. Currently enrolled in a college or university
4. Hold a valid dental hygiene license

### **If criteria are met, applicant must submit application to include:**

1. Official college or university transcript showing current enrollment
2. Personal statement (300-500 words) attesting to your pursuit of higher education
3. Two letters of recommendation (excluding family members)

# ALBRETA MERRITT DEGREE SCHOLARSHIP APPLICATION

- Note:
- A. Type or print information in black or blue ink.
  - B. Answer all questions. If a section does not apply, mark "n/a."
  - C. Submit a sealed official college transcript with the application. Transcript may be mailed separately to: WDHS, Scholarship Committee, P.O. Box 32286, Detroit, MI 48232.
  - D. Please enclose \$25.00 check or money order for application fee.
  - E. Enclose a copy of your driver's license.
  - F. Proof of current enrollment

Retain a copy of the application and guidelines for your records.

NAME: \_\_\_\_\_  
Last First Middle Initial  
\_\_\_\_\_  
Birthdate: MM/DD/YY Email Address

## MAILING ADDRESS:

\_\_\_\_\_  
Street Apt. No.  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Phone Number Alternate Phone Number

## PERMANENT ADDRESS:

\_\_\_\_\_  
Street Apt. No.  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Phone Number Alternate Phone Number

Scholarship correspondence should be mailed to which address: \_\_\_ Mailing \_\_\_ Permanent

College or University currently enrolled: \_\_\_\_\_

Degree program currently enrolled: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

## PERSONAL STATEMENT

Submit 300-500 word statement that reflects your reasons for pursuing higher education in addition to your dental hygiene and associate degrees. Please include any positive contributions made to your dental hygiene profession, your community, church, place of employment, etc.

## PERSONAL REFERENCE

Please list the names of those persons who have completed letters of recommendation in support of your application. The letters should be attached to this application. Please exclude letters from family members.

1. \_\_\_\_\_
2. \_\_\_\_\_

## CERTIFICATION

I certify that all information submitted with this application is true and accurate to the best of my knowledge. I understand that this application will not be considered unless it is completed, signed, dated and post-marked by **October 31** of current year.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail application to: Wolverine Dental Hygienists' Society  
Scholarship Committee  
P. O. Box 32286  
Detroit, MI 48232

**Applications must be postmarked no later than October 31 of the current year**

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\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

### SCHOLARSHIP CHECKLIST:

1. Completed application \_\_\_ 2. Official Transcript \_\_\_ 3. Letters of Recommendation (2) \_\_\_

Scholarship Approved Yes \_\_\_ No \_\_\_

Scholarship Granted Yes \_\_\_ No \_\_\_ Amount Awarded \$ \_\_\_\_\_

Scholarship application fee included Yes \_\_\_ No \_\_\_

If the scholarship is not granted, please provide a brief explanation:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ (Scholarship Chairperson) Date: \_\_\_\_\_