



**WOLVERINE DENTAL HYGIENISTS'
SOCIETY**
Detroit, Michigan

**Second-Year
Dental Hygiene Student
SCHOLARSHIP AWARD APPLICATION**

Updated March 2007

WOLVERINE DENTAL HYGIENISTS' SOCIETY
SECOND-YEAR DENTAL HYGIENE STUDENT
SCHOLARSHIP AWARD 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, P.O. Box 32286, Detroit, MI 48232.
D. 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

Married: ___ Single: ___ Number of Dependents: ___

School where dental hygiene pre-requisites were completed _____

Date pre-requisites were completed _____ Current GPA: _____

Dental Hygiene School currently enrolled:

Expected Date of Graduation _____

Residence During The School Term: On Campus _____ Off Campus Housing _____

FINANCIAL STATUS

Please itemize in detail current financial obligations and resources.

OBLIGATIONS FOR EACH SEMESTER/QUARTER

TUITION	\$ _____
FEES	\$ _____
INSTRUMENTS	\$ _____
BOOKS	\$ _____
HOUSING	\$ _____
MEALS	\$ _____
UNIFORMS	\$ _____
OTHER	\$ _____
<i>TOTAL</i>	\$ _____

RESOURCES FOR EACH SEMESTER/QUARTER

EMPLOYMENT	\$ _____
SAVINGS	\$ _____
LOANS	\$ _____
SCHOLARSHIPS/GRANTS	\$ _____
PARENTS/GUARDIAN	\$ _____
GI/VA BENEFITS	\$ _____
SPOUSE	\$ _____
OTHER	\$ _____
<i>TOTAL</i>	\$ _____

ADDITIONAL INFORMATION

Please use the space below to explain any special circumstances that may affect your financial status during the 20__ - 20__ academic year.

AUTOBIOGRAPHICAL DATA

Submit an autobiographical statement that reflects your reasons for selecting dental hygiene as a profession. Please include any positive contributions made to your community, church, place of employment, school, 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. _____
3. _____

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 July 1 of current year. I also agree to participate in the activities of the Wolverine Dental Hygienists' Society.

Applicant Signature _____ Date _____

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

Applications must be postmarked no later than July 1 of the current year

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

SCHOLARSHIP CHECKLIST:

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

Scholarship Approved Yes ___ No ___
Scholarship Granted Yes ___ No ___ Amount Awarded \$ _____

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

Signature _____ (Scholarship Chairperson) Date: _____

Signature _____ (WDHS President) Date: _____

Student Membership Application:

Student Name: _____ Phone No. _____

Address: _____ City: _____ Zip: _____

Email address: _____ Birth Mo/Yr: _____

Please enclose \$5.00 check for membership dues.