

# **Wolverine Dental Hygienists' Society**

**Detroit, Michigan**



## **Albreta Merritt**

# **Dental Hygiene Instruments**

### **SCHOLARSHIP AWARD APPLICATION**

*Affiliated with the National Dental Hygienists' Association • 5506 Connecticut Avenue, Suite 25 • Washington, DC 20015*

**Updated March 2021**

**WOLVERINE DENTAL HYGIENISTS' SOCIETY**  
**ALBRETA MERRIT DENTAL HYGIENE INSTRUMENTS**  
**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 in which you have been accepted and 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	\$ _____
INSTRUMENT FEE	\$ _____
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.

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**AUTOBIOGRAPHICAL DATA**

Submit an autobiographical statement that reflects your reasons for selecting dental hygiene as a profession. Please include any positive contributions made to the 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 31 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  
c/o Albreta Merritt Scholarship Award Committee  
P. O. Box 32286  
Detroit, MI 48232

**Applications must be postmarked no later than July 31 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.*