

# **WASHINGTON UNIVERSITY DENTAL ALUMNI ASSOCIATION SCHOLARSHIP FUND**

## **APPLICATION FOR SCHOLARSHIP AWARD**

Deadline for application: June 1, 2018

### **MISSION STATEMENT**

The Washington University Dental Alumni Association (WUDAA) has created a scholarship for the study of Dental Medicine. Washington University no longer has a School of Dental Medicine; however, the Alumni Association would like to continue its long history of supporting quality dental education.

The Alumni Association believes that this scholarship will help a promising student complete his or her dental education, thereby, helping the public receive quality dental care.

The award is subject to certain eligibility requirements. Each scholarship is awarded solely at the discretion of the WUDAA Scholarship Application Review Committee.

### **QUALIFICATIONS AND PROCEDURES**

#### ***A. Qualifications for Scholarship Application***

1. Applicant must be the direct descendant of a dues paying member of the WUDAA.
2. A letter of recommendation from the WUDAA member must accompany the application, specifying the qualifying relationship.
3. Applicant must provide proof of acceptance to or attendance at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association (ADA). Demonstration of a strong academic performance will be an important factor.
4. Deadline for application is June 1 of the year scholarship is to be awarded. Recipient will be announced at the WUDAA Annual Banquet, of that same year.

## ***B. Application Procedure***

1. The following are to be received to the Application Review Committee by June 1:
  - The completed and signed application form.
  - The letter of recommendation from the dues paying member of the WUDAA, to whom you are related. This letter must specify the qualifying relationship between the applicant and the Alumnus.
  - Proof of acceptance to or current attendance at an ADA accredited dental school.
  - A copy of the applicant's grades from the two most recent academic years.
  - A short letter of a statement of purpose, plans for the applicant's career in dentistry, and / or the reasons you should be chosen for this scholarship.
2. All decisions by the Application Review Committee, which shall be final, will be communicated to each applicant in writing.
3. The Scholarship recipient shall be notified in writing no later than July 1 of the year the scholarship is to be awarded.
4. The Scholarship recipient shall claim their award by notifying the Scholarship Review Committee in writing, no later than August 1 of the year the scholarship is awarded. Should the scholarship go unclaimed, the Scholarship Award will be returned to the Scholarship Fund.

## ***C. Conditions***

1. The Scholarship Award is for one year only.
2. Only one scholarship per person will be awarded.  
Applicants who do not receive the award may apply again.
3. Award recipient will provide a photograph and a resume for publication in the WUDAA newsletter.
4. The WUDAA Scholarship Review Committee is under no obligation to award a scholarship in any given year.
5. The Scholarship Award will be sent directly to the educational institution where the recipient is currently enrolled. The scholarship money will be used only for qualified educational expenses, including tuition, fees, and course related expenses such as books, supplies, and equipment.

**WASHINGTON UNIVERSITY  
DENTAL ALUMNI ASSOCIATION  
SCHOLARSHIP AWARD APPLICATION FORM**

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ M / F (circle)

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

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Dental School Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Name of related WU Dental Alumnus \_\_\_\_\_

Relationship to above \_\_\_\_\_

I declare that the information contained herein is true and accurate

\_\_\_\_\_ date

Signature of applicant

Please attach:

- The Letter of Recommendation from the WU Dental Alumnus.
- Proof of acceptance to or attendance at an ADA accredited dental school.
- A copy of your grades from last two academic years to this form.
- A short letter of a statement of purpose, plans for your career in dentistry, and / or the reasons you should be chosen for this scholarship.

Submit by June 1 to:

**WUDAA Scholarship Award  
1516 Shepard Road  
Wildwood, MO 63038**