

## CDHA Scholarship Program 2023 Application Form

**Application deadline: Friday, October 27, 2023, 11:59 pm ET.**

**CDHA will acknowledge receipt of documents. However, it is the responsibility of the candidate to ensure all items are received by the application deadline. Incomplete packages or documents received after the deadline will not be considered.**

### ELIGIBILITY REQUIREMENTS:

- Current CDHA member  
Canadian citizen or permanent resident of Canada
- Active registration/licence to practise with the dental hygiene regulatory authority in your province/territory  
Full-time or part-time enrolment in an undergraduate, graduate or doctoral program in a recognized Canadian educational institution in a field that will enable you to provide quality preventive and therapeutic oral health care and health promotion for all persons living in Canada  
Dental hygiene practice experience (minimum of 16 hours/week) prior to enrolment in the degree program

**NOTE:** Previous scholarship award recipients are not eligible to reapply.

### YOUR COMPLETE APPLICATION PACKAGE WILL INCLUDE:

- Application form
- Proof of program enrolment - acceptance letter from academic institution
- All academic transcript(s) including dental hygiene program transcript(s)
- Current curriculum vitae
- Essay
- Two recommendation letters
- Appendix A: [Candidate Appraisal form](#)

PERSONAL INFORMATION		
First Name:	Middle Initial:	Last:
Home Address:	City, Province/Territory:	Postal Code:
Email Address:	Phone Number (Home, Cell):	
CDHA Member ID #:	Provincial/Territorial Registration #:	

ENROLMENT INFORMATION		
Postsecondary Institution Where You Have Been Accepted:	City:	Province:
Academic Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Enrollment Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Major or Course of Study:	Student ID #:	Expected Date of Graduation (MM/YY):
Degree Sought: <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	Courses Will Be Online ONLY: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Candidate Full Name: \_\_\_\_\_

### ACADEMIC HISTORY

Provide information on all postsecondary institutions you previously attended, listing the most recent first.

Postsecondary institution:	City:	Province:
Dates attended (from-to):	Degree/Diploma earned:	
Full name on transcript if different from current name:		

Postsecondary institution:	City:	Province:
Dates attended (from-to):	Degree/Diploma earned:	
Full name on transcript if different from current name:		

Postsecondary institution:	City:	Province:
Dates attended (from-to):	Degree/Diploma earned:	
Full name on transcript if different from current name:		

Postsecondary institution:	City:	Province:
Dates attended (from-to):	Degree/Diploma earned:	
Full name on transcript if different from current name:		

### TRANSCRIPTS

All academic transcripts must be submitted with this application. Grade reports are not acceptable. Candidates must submit their dental hygiene diploma transcript, their program enrolment acceptance letter, and transcripts from all schools and programs attended, whether completed or in progress. Transcript(s) must display the candidate's full name, institution name, grades, credit hours earned for each course, term in which each course was taken, and proof of graduation if the program was completed.

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Candidate Full Name: \_\_\_\_\_

### WORK EXPERIENCE

Describe your paid work experience during the past four years, dates of employment for each position, and approximate number of hours worked each week.

EMPLOYER AND POSITION HELD	FROM (MM/YYYY)	TO (MM/YYYY)	HOURS PER WEEK

### AWARDS AND HONOURS

List all special awards and honours obtained.

SPECIAL AWARD/HONOUR	YEAR

### VOLUNTEER POSITIONS AND COMMUNITY SERVICE

List volunteer activities and community service in which you participated without pay during the past four years (e.g., school positions, hospice volunteer, charity fundraiser, committee member, religious instructor).

VOLUNTEER POSITION/COMMUNITY SERVICE	YEAR

### CURRICULUM VITAE (CV)

Please submit a current CV with this application form.

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Candidate Full Name: \_\_\_\_\_

### ESSAY

Single-spaced, 500- to 1000-words maximum

Using the space below, please explain why you believe you are deserving of a CDHA scholarship. The following should be addressed:

- Your unique personal situation (if applicable)
- Your qualifications and accomplishments
- Your purpose in furthering your education
- Your long-term vision for your dental hygiene career upon completion of your degree
- How this scholarship will assist you in providing preventive and therapeutic oral health care and health promotion

## CDHA Scholarship Program 2023 Application Form

Candidate Full Name: \_\_\_\_\_

### RECOMMENDATION LETTERS

Two letters of recommendation in support of your scholarship application are required. One must be from your current employer or supervisor; the other should be from another source who knows you well. If you are an independent practitioner or are self-employed, in place of the employer/supervisor letter, you may provide a letter from another oral health care professional with whom you interact.

**Please note:** The referees providing the letters of recommendation cannot be the appraiser completing your Candidate Appraisal Form (Appendix A). As the candidate, you are responsible for ensuring that the two letters of recommendation are submitted by the application deadline to the attention of Joanna Zito ([jzito@cdha.ca](mailto:jzito@cdha.ca)) at CDHA.

Please provide the names of the two referees who will be sending their letters of recommendation to CDHA.

Referee 1	
Name:	
Organization:	
Email:	
Referee 2	
Name:	
Organization:	
Email:	

### APPENDIX A: [Candidate Appraisal Form](#)

Appendix A must be completed by someone who knows you well (e.g., a counsellor, advisor, instructor, clergy person or work supervisor). Immediate and extended family members cannot be appraisers of your application, nor can someone who is writing a letter of recommendation on your behalf. Once you select your appraiser, please send them Appendix A for completion. As the candidate, you are responsible for ensuring that the completed appraisal form is sent directly to the attention of Joanna Zito ([jzito@cdha.ca](mailto:jzito@cdha.ca)) at CDHA and is received by the application deadline.

Please provide the name of the appraiser who will be sending Appendix A to CDHA.

Appraiser Information	
Name:	
Organization:	
Email:	

## CDHA Scholarship Program 2023 Application Form

Candidate Full Name: \_\_\_\_\_

### DECLARATION

*I certify that I meet the eligibility requirements of the scholarship program and that the information provided is complete and accurate to the best of my knowledge. I understand that falsification of information will render my application null and void and/or will result in the termination of any award granted and return of any funds previously provided. I acknowledge that all decisions are final and may not be appealed.*

*By applying to the CDHA Scholarship program, I give CDHA permission to share with the Scholarship selection committee all the documentation submitted in support of my application.*

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUBMISSION INFORMATION

Completed scholarship application packages must be sent to the attention of Joanna Zito ([jzito@cdha.ca](mailto:jzito@cdha.ca)) by Friday, October 27, 2023, 11:59 pm ET. Applications or documents received after the deadline will not be considered.

CDHA is responsible for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of CDHA and will not be returned to you. It is recommended that you keep a copy for your files.

### FOR CDHA OFFICE USE ONLY

<b>DEGREE SOUGHT:</b>		
<b>PACKAGE &amp; SUPPORTING MATERIALS:</b>		
Application form		Date received:
Essay		Date received:
Academic transcripts		Date received:
Acceptance letter		
Current CV		Date received:
Recommendation letter #1		Date received:
Recommendation letter #2		Date received:
Candidate appraisal form		Date received:
CDHA Membership confirmed		Active registration with regulatory body
Candidate notified		Notification date:
<b>COMMENTS:</b>		
<b>SELECTION PROCESS:</b>		
Reviewed	Overall Rating:	Decision: