



Hu-Friedy NEVI 2.0 CDHA Scholarship Application Form

APPLICANT MUST BE: Canadian citizen or permanent resident, registered dental hygienist with dental hygiene regulatory authority in your province/territory, CDHA member, member of Friends of Hu-Friedy program (www.friendsofhu-friedy.com), be accepted to an undergraduate, graduate or doctorate program in an accredited institution in a degree program related to oral health, and have been practicing a minimum of 16 hours/week in a clinical setting before being accepted into the program.

Type or print all information except signatures. Completeness and neatness ensure your application will be reviewed properly. If incomplete, your application will not be evaluated.

Application postmark/email deadline: October 31, 2019.

APPLICANT

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ Province _____ Postal Code _____

Telephone (_____) _____ Cell Phone (_____) _____

Email Address _____

Social Insurance Number _____ Date of Birth: Month _____ Day _____ Year _____

EDUCATIONAL HISTORY AND PLANS

Name of postsecondary school where you have been accepted. Use official school name. Do not use abbreviations.

School: _____ City: _____ Province: _____

Academic status: Undergraduate Graduate Enrollment status: Part-time Full-time

Student Number _____

Major or course of study: _____ Expected graduation date: Month _____ Year _____

Degree sought: Master's Baccalaureate

Student will take courses online ONLY. Yes No

Name all postsecondary schools you previously attended (if any). Use official school name. Do not use abbreviations.

School: _____ City: _____ Province: _____

Dates Attended: From: _____ To: _____ Total Credits Earned: _____ Degree/diploma Earned: _____

Full Name on transcript, if different from applicant's current name above: _____

School: _____ City: _____ Province: _____

Dates Attended: From: _____ To: _____ Total Credits Earned: _____ Degree/diploma Earned (if any): _____

Full Name on transcript, if different from applicant's current name above: _____

School: _____ City: _____ Province: _____

Dates Attended: From: _____ To: _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full Name on transcript, if different from applicant's current name above: _____



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This section must be completed along with a copy of your CV. Applicants must have been working a minimum of 16 hours/week in a clinical setting when they were accepted into their educational program.

(If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. Please include your name and address on all attachments).

WORK EXPERIENCE

Describe your paid work experience during the past four years (e.g., office work, professional work; if stay at home parent during this time, please indicate) dates of employment for each job and approximate number of hours worked each week.

Employer/ Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Were you paid?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

ACTIVITIES, OFFICES, AWARDS, AND HONOURS

List school, community service, and volunteer activities in which you have participated without pay during the past four years (e.g., hospital or hospice volunteer, charity fundraiser, committee member, religious instructor). Note all special awards, honours, and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

ESSAY

Submit a 500 to 1000-word essay explaining why you believe you are deserving of the scholarship. The following questions should be addressed in the essay:

- Please describe your purpose in furthering your education.
- What is your long-term vision of your dental hygiene career upon completion of your degree?
- How will receipt of a scholarship assist you in having impact in the dental hygiene profession?
- Please explain your unique qualifications to be awarded this scholarship.

APPLICANT APPRAISAL

To the Applicant: This section must be completed in the format provided. This section is to be completed by a counselor, advisor, instructor, clergy member, or a work supervisor who knows you well. Immediate or extended family members may not act as appraisers of your application.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please rate this applicant on his or her demonstration of the attributes below. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

Problem-solving and follow through	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Communication skills	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Applicant's choice of a postsecondary educational program	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Community involvement	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Leadership abilities	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Character and Integrity	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Initiative	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Self-discipline	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge



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APPLICANT APPRAISAL (continued)

Comments: _____

Appraiser's Name: _____ Title: _____ Organization: _____

Email Address: _____ Telephone: (_____) _____

Signature: _____ Date: _____

LETTERS OF RECOMMENDATION Please have two letters of recommendation included in your application packet: one from your current employer (if you are an independent practitioner or self-employed, secure one from a peer instead); and one from another source who knows you well.

REQUIRED MATERIALS

A complete transcript of grades **must** be sent with this application. Grade reports are **not** acceptable. If you graduated more than 10 years ago and obtaining a transcript is problematic, your application will still be considered.

Applicants currently or previously enrolled in college or university must include all college or university transcripts of grades from each school attended. Online transcripts must display student name, school name, grade, credit hours earned for each course, and term in which each course was taken.

APPLICATION CHECKLIST

You are responsible for submitting all materials to CDHA on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Application with completed applicant appraisal letter
- One letter of recommendation from your employer
- One letter of recommendation from another source
- Essay
- CV
- Complete transcript(s) of grades (as specified in required materials section above)

Postmark/email deadline: October 31, 2019.

Send all materials, including transcript(s) using one of the methods below:

Email: jzito@cdha.ca

Mail:
Hu-Friedy/CDHA NEVI 2.0 Scholarship
Attn: Joanna S. Zito
Canadian Dental Hygienists Association
1122 Wellington St. West
Ottawa, Ontario K1Y 2Y7

CERTIFICATION

Hu-Friedy and CDHA have joint responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Hu-Friedy. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted and result in return of any funds provided.

Applicant's Signature: _____ Date: _____