



CDHA Student Leadership Program

Application Form



First Name: _____ Last Name: _____

CDHA Membership ID #: _____ Educational Institution: _____

Expected Date of Graduation (DD/MM/YYYY): _____

Mailing Address:

(School Year) _____

(Permanent) _____

Phone Number: _____ (School Year) _____ (Permanent)

Cell Phone Number: _____

Email Address: _____ (School Year) _____ (Permanent)

Criteria for Selection

A rubric will be used to assess how well each question is answered. The reference letter will also be assigned a score. These numbers will be added together and the applicant with the highest overall total will be selected.

Part I - Questions

All questions below must be answered in order to complete the Student Leadership Application process. Please include your typed answers to the following questions with your application packet or your application will not be considered. If you require additional space, please attach a separate sheet and be sure to include your name.

Why are you interested in a CDHA Student Representative position?

What do you hope to gain from this experience?

What do you hope to contribute to CDHA's Student Leadership Program?

What skills or experience do you have in relation to this position?

What are your professional and/or academic plans for the future?

Part II - Reference Letter

Please include a separate reference letter from a non-family member with your application packet.

Part III - Signatures

Please have a faculty member (Program Director or Program Coordinator) sign your application form.

I recommend _____ as a Student Representative for the Canadian Dental Hygienists Association Student Leadership Program.

Faculty Signature _____ Title _____ Date _____

Applicant's Signature

I certify that all the information provided on this application is accurate is true, and acknowledge that any misrepresentation and/or withholding of information may result in rejection of this application. I also understand that incomplete applications may not be considered.

Applicant's Signature _____ Date _____

How did you learn about the Student Leadership Program?

- CDHA Website CDHA e-newsletter CDHA Senior Student Representative
 Friend Faculty Social Media Other: _____

Submit your application to the attention of Sarah Dokken, Marketing Manager

by email:
sdokken@cdha.ca

by fax:
613-224-7283

by mail:
Canadian Dental Hygienists Association
1122 Wellington Street West
Ottawa, ON, K1Y 2Y7