

## CDHA Scholarship Program 2021 Application Form

**Application deadline: Friday, October 29, 2021, 11:59 pm ET. Incomplete packages or those received after the deadline will not be considered.**

**ELIGIBILITY REQUIREMENTS:**

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

**YOUR COMPLETE APPLICATION PACKAGE WILL INCLUDE:**

- Application form
- Academic transcript(s) and acceptance letter from academic institution
- Current curriculum vitae
- Essay
- Two recommendation letters
- [Appendix A: Student Appraisal form](#)

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

ENROLLMENT 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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Applicant 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:	
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Dates attended (from–to):	Degree/Diploma earned:	
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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. Applicants must submit transcripts from all schools and programs attended, whether completed or in progress. Transcript(s) must display the student'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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**Applicant 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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Applicant Full Name: \_\_\_\_\_

### ESSAY

A single-spaced, 500- to 1000-word essay is required.

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/or health promotion

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Applicant 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.

**Please note:** The referees providing the letters of recommendation cannot be the appraiser completing your student appraisal form (Appendix A). As the applicant, 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: STUDENT 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 applicant, 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.

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Applicant 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 of the documentation submitted in support of my application.*

Applicant 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 29, 2021, 11:59 pm ET. Applications 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 the applicant. It is recommended that you keep a copy for your files.

### FOR OFFICE USE ONLY

<b>DEGREE SOUGHT:</b>		
<b>PACKAGE &amp; SUPPORTING MATERIALS:</b>		
Application form <input type="checkbox"/>		Date received:
Essay <input type="checkbox"/>		Date received:
Academic transcripts <input type="checkbox"/>		Date received:
Acceptance Letter <input type="checkbox"/>		
Current CV <input type="checkbox"/>		Date received:
Recommendation Letter #1 <input type="checkbox"/>		Date received:
Recommendation Letter #2 <input type="checkbox"/>		Date received:
Student Appraisal form <input type="checkbox"/>		Date received:
CDHA Membership confirmed <input type="checkbox"/>		Active registration with regulatory body confirmed <input type="checkbox"/>
Applicant notified <input type="checkbox"/>		Notification date:
<b>SELECTION PROCESS:</b>		
Reviewed <input type="checkbox"/>	Overall Rating:	Decision: