



Washington

Dental Hygienists' Association

2017 LIFELONG LEARNING GRANT APPLICATION

Application Deadline: August 14, 2017

WDHA may award Lifelong Learning Grants in the amount of \$1,000 each year to:

- One WDHA member who is enrolled in a Washington State bachelor degree program in dental hygiene or a related field, and;
• One WDHA member who is enrolled in a graduate degree program in dental hygiene or a related field.

The grant may be presented to each recipient at the House of Delegates. Grant criteria based on demonstration of financial need will be established by the Member Services Committee. Grant Applications are due in the WDHA office no later than August 14, 2017.

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Dental Hygiene School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

ADHA/WDHA Membership Number: \_\_\_\_\_ Member since: \_\_\_\_\_

WA License Number: \_\_\_\_\_ How long have you practiced dental hygiene: \_\_\_\_\_

Scholastic Information

List all the schools you have attended post high school, with your GPA.

School: \_\_\_\_\_ GPA: \_\_\_\_\_ City/State: \_\_\_\_\_

School: \_\_\_\_\_ GPA: \_\_\_\_\_ City/State: \_\_\_\_\_

Family Information

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Are other family members attending a college for which you are helping to finance? [ ] YES [ ] NO

If yes, what is the total amount you contribute annually? \$ \_\_\_\_\_

Please answer the following questions on a separate sheet with corresponding numbers:

**Financial Information**

1. What is your current plan to finance your advanced education? Include financial total from each planned source. Include anything you feel is important on this issue.
2. Have you been the recipient of any scholarships, awards, grants, financial aid or educational loans? Please list name, amount and if it will continue next year.
3. Please identify any other financial aid for which you are applying to assist you in financing.
4. What was your reported gross income for the most recent tax year? \$\_\_\_\_\_

**Personal and Professional Goals: Please submit a brief essay that addresses the following:**

- A. Describe how you think an advanced degree will enhance your career in dental hygiene.
- B. Describe how you have been active in your association and what you consider to be the importance of membership in your professional life.
- C. Describe your volunteer work and community service.

*\* Please provide 2 letters of reference with your application. One must be from a dental hygiene instructor.*

*The grant will be sent directly to the institution of higher learning you are enrolled in. Please indicate the name, address and department this should be directed to if you are selected as a grant recipient:*

College: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

**DEADLINE:** Nominations for the **2017 Life Long Learning Grant** are due in the WDHA Office no later than **August 14, 2017**. You do not have to be present to be selected.

Return applications to:

**Washington Dental Hygienists' Association**  
**P. O. Box 389, Lynnwood, WA 98046**  
**or E-mail to: [wsdha@comcast.net](mailto:wsdha@comcast.net)**

For WDHA use only

Date Received: _____	Verification of completed application: _____
Membership Chair review/signature: _____	
Date Reviewed: _____	Notes: _____