



Washington

Dental Hygienists' Association

Future Leaders Award Application

Name: _____

Name if different from SADHA membership: _____

Mailing Address: _____

City: _____ **State** _____ **Zip** _____

Cell Phone: _____

Email: _____

Dental Hygiene School: _____ **Date of Graduation:** _____

ADHA Member ID #: _____

Please describe why you have pursued dental hygiene as a career:

Please describe why you believe it is important for you to continue to be a member of your professional association:

What and how do plan to contribute to your professional association in the future?

Please attach a brief essay that addresses:

1. SADHA/school related activities
2. Community service
3. Your leadership experiences

Please include two current letters of reference with your application. One should be from a dental hygiene instructor.

I certify that the information given herein is true and complete to the best of my knowledge.

Signature:

Date:

Send Completed Application to:

WDHA Scholarships & Awards
PO Box 389
Lynnwood, WA 98046

Or Email: wsdha@comcast.net

For WDHA use only

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