



## Lona Hulbush Jacobs Memorial Scholarship Application Form

Application Deadline: **February 22**

### Applicant Contact Information

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

ADHA/WSDHA Membership Number: \_\_\_\_\_

### Family Information

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

Previous Occupations: \_\_\_\_\_

### Financial Information

Source of funding for first year of dental hygiene education: (Please list amounts)

Savings: \_\_\_\_\_

Personal Loans: \_\_\_\_\_

Work: \_\_\_\_\_

Spouse or Family: \_\_\_\_\_

What is your current plan to finance your second year of education? Include financial total from each planned source. Include anything you feel is important on this issue.

**During your current year, have you been the recipient of any scholarships, awards, grants, financial aid or educational loans? Please list name, amount and if it will continue this next year:**

**Please identify any other financial aid for which you are applying to assist you in financing your second year of dental hygiene school: (include the amount)**

**Scholastic Information**

**List all the schools you have attended post high school. (Include a transcript from each school, with cumulative GPA. These do not need to be certified copies.)**

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

- A. Describe why you are pursuing a career in dental hygiene.**
- B. Describe your most important campus activities: include honors, awards and special projects.**
- C. Describe your extracurricular activities, volunteer work or public service:**

**Three letters of reference required with your application; one must be from a dental hygiene instructor.**

**Signature:**

**Date:**

**Send Completed Application to:**

WDHA Scholarships & Awards  
PO Box 389  
Lynnwood, WA 98046

Or Email: [wsdha@comcast.net](mailto:wsdha@comcast.net)

For WDHA use only

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