

Macomb District Dental Hygienists' Society
Scholarship Application
Faculty Evaluation

1. Name of Applicant: _____

2. In what capacity have you known the applicant?

_____ Clinical Instructor

_____ Course Instructor

_____ Student Advisor

_____ Other: _____

3. What are the applicant's strengths?

4. What are the applicant's weaknesses?

5. Please list any additional comments.

Signed: _____ Date: _____

Title: _____

Completed form must be postmarked by April 15th and mailed to:
MDDHS Scholarship Committee • 29946 East Deerfield Ct. • Chesterfield Twp, MI 48051