

Macomb District Dental Hygienists' Society

Scholarship Application

(Please feel free to use additional paper if needed)

1. Name: (Last, First, Middle)

2. Permanent Address: (Street, City, State, Zip Code)

3. Mailing Address: (if different)

4. Birthdate: _____

5. Phone: _____

6. SADHA Member? Yes _____ No _____

7. Name of School: _____ **Current GPA:** _____

8. List your recent school and community involvement.

9. State your reason for applying for this scholarship:

10. How do you envision your future in the profession of dental hygiene?

11. What role do you believe the dental hygiene association plays in your future?

12. What role do you plan to have in the hygiene association after graduation?

I authorize the release of my dental hygiene grades to the Macomb District Dental Hygienists' Society Scholarship Committee, and I relinquish any rights to review references submitted with this application.

SIGNED: _____ **DATE:** _____