

PDHA Scholarship for Further Education

(formerly the Clark J. Hollister Scholarship)

Available to a **Licensed Dental Hygienist** who:

- Is a Pennsylvania resident
- Is **enrolled in a post-entry level or graduate program** complementary to the profession of dental hygiene and consistent with the six (6) roles of the dental hygienist recognized by the ADHA - clinician, health promoter/educator, consumer advocate, administrator/manager, change agent and/or researcher
- Is a member/student member of the ADHA

Submit the following:

1. Letter of reference from a Pennsylvania Dental Hygienists' Association member (PDHA)
2. A certified copy of the applicant's entry level dental hygiene academic record
3. Proof of acceptance into a post-entry level degree or graduate program
4. A letter from the applicant describing career objectives and how this education will complement the recognized roles of a dental hygienist
5. Copy of your driver's license/proof of PA residence

The Pennsylvania Dental Hygienists' Association (PDHA), by action of their Board of Trustees, is offering a scholarship in the amount of \$500. The money will be awarded to qualified student who applies and is selected by the PDHA Scholarship Committee.

The forms may be copied, as necessary, and you can access the scholarship information posted online at www.pdhaonline.org.

Deadline July 15th, 2022

The PDHA is looking forward to helping you in furthering your education in the dental hygiene profession. **Please submit your requested material to:**

PDHA Central Office
ATTN: Scholarship Committee
1804 Elmhurst Ave
Jersey Shore, PA 17740

If you have any questions, please call Laura DeHennis- Scholarship Chair at #215-442-1515 or email her at lauradeh@yahoo.com

Pennsylvania Dental Hygienists' Association

PDHA Scholarship for Further Education Application

Name	FIRST MIDDLE LAST
Mailing Address	Street Address City, State 00000
Telephone Number	000-000-000
Birthday:	mm/dd/yyyy
Email Address:	Email Address
School you will be attending this Fall:	Full Name of School
In the Fall, I will be enrolled in the following degree program:	
<input type="checkbox"/> Certificate/Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Baccalaureate Degree Completion	
<input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	
Are you paying for your schooling <input type="checkbox"/> completely <input type="checkbox"/> partially	
Do you commute to school? <input type="checkbox"/> yes <input type="checkbox"/> no	
What is your anticipated graduation date? mm/dd/yyyy	
What is your ADHA/SADHA member#? Member #	

I hereby certify that the information given above is complete and correct to the best of my knowledge.

Signature

Date