



**MISSION: TO BUILD HEALTHIER HISPANIC COMMUNITIES**  
**HISPANIC DENTAL ASSOCIATION FOUNDATION**  
**2020-2021 SCHOLARSHIP PROGRAM**

THE HISPANIC DENTAL ASSOCIATION FOUNDATION in its quest for continuous improvement in the development of oral health professionals presents a scholarship program to students in dentistry. Scholarships in the amount of **\$1,000 to \$4,000** for Dental Students, Dental Hygiene Students, Dental Assisting Students, and Laboratory Technology Students and **\$5,000** for Dental Specialty Residents will be awarded to support meritorious work by students who seek to advance their scientific and applied clinical knowledge as they enter into the oral health profession. **Scholarship amounts vary depending on Funder of Scholarship.** Please refer to each scholarship description for details.

***What is the intent of the scholarship?***

The intent of this HDA Foundation Scholarship Program is to support promising students as they pursue their academic training. The awarding of these scholarships will support the grantees during their dental, dental residency, dental hygiene, dental assisting or dental technician programs.

***Who can apply?***

These scholarships are open to student members of the Hispanic Dental Association who have been accepted or enrolled into an accredited dental, dental residency, dental hygiene, dental assisting or dental laboratory technician program. Students **must** be a current student member of the Hispanic Dental Association.

***How does one apply?***

The attached application form must be submitted to the Hispanic Dental Association Foundation at the address listed at the bottom of this page. The application must be received by the Foundation no later than **August 15, 2020**. The application must be typed and submitted in English.

***How will the scholarships be awarded?***

The Scholarship Committee of the HDA Foundation will review each application on its merit. Areas that will be included are the demonstration of:

- Commitment and dedication to improving the oral health of the Hispanic community
- Community Service (*i.e.* volunteer efforts in school, medical facilities, church, etc.)
- Leadership Skills
- Scholastic Achievement

***What is the timing of the scholarship program?***

For the 2020-2021 academic year, the application must be postmarked no later than **August 15, 2020**. The award decisions will be final and communicated to all applicants by **September 1, 2020**.

**Return Application for the 2020-2021 Scholarships to:**  
HISPANIC DENTAL ASSOCIATION FOUNDATION  
4203 Indian Bayou Trail, Unit 1315, Destin, FL 32541  
or by email to: [hdafoundationscholarships@gmail.com](mailto:hdafoundationscholarships@gmail.com)

For further information, call 317-714-0037 or email [hdafoundationscholarships@gmail.com](mailto:hdafoundationscholarships@gmail.com)

# HISPANIC DENTAL ASSOCIATION FOUNDATION 2020-2021 SCHOLARSHIP PROGRAM

## SCHOLARSHIP APPLICATION INSTRUCTIONS

Thank you for applying to the Hispanic Dental Association Foundation Scholarship Program. You may be eligible to receive an award if you meet all program requirements.

### Eligibility Requirements

To be considered you must:

- Be accepted or enrolled in an accredited dental program, dental hygiene program, dental assisting program, or dental laboratory program in the U.S. or Puerto Rico.
- Be a current HDA (Hispanic Dental Association) member or a Hispanic Student Dental Association (HSDA) member.
- Be a full-time student during the academic year for which you are applying.
- Have a minimum average grade point of 3.0 on a 4.0 scale or be in good academic standing at your school if your dental program does not provide a GPA.
- Show evidence of commitment and dedication to improve the oral health of the Hispanic community.
- Not have been a previous recipient/awardee of an HDAF Scholarship in the category of your application.

Please read all materials carefully. It is YOUR responsibility to ensure that ALL the necessary materials are received at the HDA Foundation office by the deadline.

### Scholarship Application Deadline

This application will be evaluated based on merit. **Materials must be typed and in English. Handwritten applications will be disqualified.**

- You must submit your completed application to the Hispanic Dental Association Foundation (HDAF) **postmarked or emailed no later than August 15, 2020.**
- The Verification form must be sent directly from the school to the HDAF **postmarked or emailed no later than August 15, 2020.** (Remember you are to complete the top portion of the Verification Form.)
- One (1) Recommendation must be submitted directly from the Recommender to the HDAF **postmarked or emailed no later than August 15, 2020.** (Remember you are to complete the top portion of the Recommendation form.)
- The award decisions will be communicated to all applicants by **September 1, 2020.**
- As part of the application you are required to write an essay (250 word maximum) outlining your career goals and the challenges you feel are facing providers of Hispanic communities. **Parts of or your complete essay may be used in HDA/HDAF/Sponsor publications. Submission of this application gives your approval for said use.**
- If you are a recipient of this scholarship award, due to COVID 19 restrictions your award will be presented virtually during the HSDA Regional Virtual Conference on Saturday, September 26, 2020 from 12:00 PM – 3:00 PM EST. **Mandatory attendance at this virtual event is required for acceptance of the award.**

**FAILURE TO HAVE ON FILE WITH THE HDAF THE COMPLETED FORMS LISTED ABOVE BY THE APPROPRIATE DEADLINE DATE WILL RESULT IN REJECTION OF YOUR ENTIRE APPLICATION.**

**HISPANIC DENTAL ASSOCIATION FOUNDATION  
2020-2021 SCHOLARSHIP PROGRAM**

**APPLICANT'S NAME** \_\_\_\_\_

**PLEASE SELECT THE SCHOLARSHIPS YOU ARE APPLYING FOR (YOU MAY  
SELECT MORE THAN ONE):**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>COLGATE</b>              | <b>DENTAL RESIDENCY OR SPECIALTY STUDENTS</b>   |
| <input type="checkbox"/> <b>COLGATE</b>              | <b>DENTAL STUDENTS<br/>DENTAL HYGIENE STUDENTS</b>  |
| <input type="checkbox"/> <b>PROCTER &amp; GAMBLE</b> | <b>DENTAL STUDENTS<br/>DENTAL HYGIENE STUDENTS<br/>DENTAL ASSISTING STUDENTS<br/>DENTAL LABORATORY STUDENTS</b> |
| <input type="checkbox"/> <b>A-DEC</b>                | <b>DENTAL STUDENTS - 3<sup>RD</sup>, 4<sup>TH</sup> YEAR</b>  |

**HISPANIC DENTAL ASSOCIATION FOUNDATION  
2020-2021 SCHOLARSHIP PROGRAM**

**SCHOLARSHIP APPLICATION**

PLEASE READ ALL INSTRUCTIONS CAREFULLY **BEFORE** COMPLETING APPLICATION.  
ALL APPLICATIONS MUST BE TYPED.

**A. General Information**

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

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

Cell Phone #: \_\_\_\_\_

Email (personal): \_\_\_\_\_ Email (school): \_\_\_\_\_

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

**B. Program**

In the Fall of 2020, I will be enrolled in the following program:

DENTAL:  DDS or  DMD    DENTAL HYGIENE:     DENTAL ASSISTING:     DENTAL TECH:

DENTAL GRADUATE PROGRAM:

School (note year in school): \_\_\_\_\_

Specialty Program (if applies): \_\_\_\_\_

Dean or Program Director Name: \_\_\_\_\_

Dean or Program Director email: \_\_\_\_\_

Dean or Program Director telephone: \_\_\_\_\_

**C. Education (*Dental Applicants – list main College and Dental Schools attended*).**

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_

**Important: You must type on this form. If additional space is necessary, please include a separate page clearly marked.**

**D. Community Service and Volunteer Activities (HSDA and non-HSDA)**

List student, professional association, community-based research and/or volunteer experiences (with dates of participation) that include up to 10 activities, with preference given to Hispanic community outreach and Hispanic oral health related activities:

Date/Name of Organization/ Brief Description of Activity

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**E. Leadership (HSDA and non-HSDA)**

List any HSDA or other Leadership positions (with dates of participation) you have held while in or leading up to your dental program, or any other examples of your personal leadership experiences List up to 5 total:

Date/Name of Organization/Position(s) Held

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**F. Honors, Awards, and Scholarships (HSDA and non-HSDA)**

List any honors and/or awards received in any capacity eg: scholastic achievements, scholarships, community service, leadership, and extracurricular activities (with dates of participation). List up to 5 total:

Date/Name of Organization/Honors, Awards, Scholarships

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**G. Career Goals Statement – Essay Portion:**

What inspired you to become a dentist, hygienist, assistant, or lab tech? Also, discuss your career goals and how you plan to utilize your HSDA/HDA membership to achieve them.

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Your statement must be a **maximum of 250 words**, and should include your career goals, specifically pertaining to your contribution to the Hispanic community. **Please use the lines above or attach to the application a separate sheet with your statement/essay typed and double spaced. Any essay more than 250 words will not be accepted.**

**H. Video Submission:**

Please include a link in the space provided of a 1-2 minute video of yourself answering the following question: Please discuss what HDA can do to effectively engage student members to become professional, life-long members?

Your video must be a **maximum of 2 minutes**. Please use a plain background with no loud music or visual effects. Your video may provide one or multiple solutions for discussion.

**LINK TO VIDEO:** \_\_\_\_\_

**I. Authorization**

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED WITHIN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISQUALIFICATION.

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

<p>RETURN <u>POSTMARKED</u> OR EMAILED NO LATER THAN <b>August 15, 2020.</b> <b>HDA Foundation</b> 4203 Indian Bayou Trail, Unit 1315, Destin, FL 32541 Email: <a href="mailto:hdafoundationscholarships@gmail.com">hdafoundationscholarships@gmail.com</a></p>
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**HISPANIC DENTAL ASSOCIATION FOUNDATION  
2020-2021 SCHOLARSHIP PROGRAM**

**SCHOLARSHIP APPLICATION RECOMMENDATION**

**Applicant must provide one Recommendation from a clinical or didactic faculty member or a healthcare professional. Recommendation Checklist must be filled out and mailed/emailed to the HDAF by the person (Recommender) filling out the Recommendation.**

**Section to be completed by Applicant (please type):**

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**This will notify HDA Foundation that my recommendation will come directly from:**

Dental School Faculty       Other \_\_\_\_\_

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

Company or School: \_\_\_\_\_

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

\_\_\_\_\_

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

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

*NOTE: Failure to provide one recommendation will disqualify the application.*  
RETURN POSTMARKED OR EMAILED NO LATER THAN **August 15, 2020.**

**HDA Foundation**  
4203 Indian Bayou Trail, Unit 1315, Destin, FL 32541  
Email: [hdafoundationscholarships@gmail.com](mailto:hdafoundationscholarships@gmail.com)

# HDAF



HISPANIC DENTAL ASSOCIATION FOUNDATION  
**2020-2021 SCHOLARSHIP PROGRAM**  
**RECOMMENDATION**

**APPLICANT'S NAME** \_\_\_\_\_

**1. Knowledge of the Applicant**

I have known the Applicant for \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)  
 (e.g., 3 years and 6 months)

**2. Evaluation of the Applicant** Please rate the applicant in each of the following categories.

	Outstanding	Very Good	Average	Below Average	No comment
<b>Leadership</b>					
<b>Academic Knowledge</b>					
<b>Professionalism</b>					
<b>Clinical Skills</b>					
<b>Interpersonal Skills</b>					
<b>Demonstrates Initiative</b>					
<b>Communication Skills</b>					
<b>Ethics</b>					
<b>Organization Skills</b>					
<b>Volunteerism</b>					

**3. Why should this applicant be awarded a HDAF Scholarship? (Please attach a brief letter of recommendation.)**

**\*Recommender – Please return this completed page and your letter of recommendation directly to the HDAF office\***

RETURN POSTMARKED OR EMAILED NO LATER THAN **August 15, 2020.**  
**HDA Foundation**  
 4203 Indian Bayou Trail, Unit 1315, Destin, FL 32541  
 E-mail: [hdafoundationscholarships@gmail.com](mailto:hdafoundationscholarships@gmail.com)



**HISPANIC DENTAL ASSOCIATION FOUNDATION  
2020-2021 SCHOLARSHIP PROGRAM**

**DEAN / PROGRAM DIRECTOR VERIFICATION**

**Section to be completed by Applicant (please type):**

I hereby authorize the release of my school's acceptance information to the Hispanic Dental Association Foundation.

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_

I have been accepted in a dental, dental hygiene, dental assisting or dental laboratory technology program at the following school:

\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Section to be completed by Dean/Program Director:**

A. Dean/Program Director's Name: \_\_\_\_\_

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

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

Name of School: \_\_\_\_\_

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

\_\_\_\_\_

Dean/Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Requires Verification and Stamp)*

*Dean / Program Director: Please continue on next page.*

*Continued from previous page*

**B. Please provide the following information in order to assist us in evaluating this candidate.**

Has the Applicant been accepted or enrolled in your institution for the Fall 2020 term?

YES                       NO

What is the anticipated date of completion for this applicant from this program? Month/Year: \_\_\_\_\_

**Degree Program**

DENTAL:  DDS or  DMD  GRADUATE DENTAL PROGRAM

DENTAL HYGIENE/ASSISTANT/TECHNICIAN:  Baccalaureate  Associate  Certificate

**Academic Background**

Dental Student Applicant: GPA and Rank \_\_\_\_\_ on a 4.0 scale

Dental Hygiene/Assistant/Technician Applicant: GPA \_\_\_\_\_ on a 4.0 scale

**If institution does not use the GPA or ranking, is the student on track for graduation?**

Yes                                       No

Thank you for your cooperation in promoting excellence in the oral health care professions.

*Note: Failure to complete this Verification will disqualify the applicant from consideration.*

RETURN POSTMARKED OR EMAILED NO LATER THAN **August 15, 2020**

**HDA Foundation**

4203 Indian Bayou Trail, Unit 1315, Destin, FL 32541

Email: [hdafoundationsscholarships@gmail.com](mailto:hdafoundationsscholarships@gmail.com)