

Student Spouse Scholarship Guidelines

For Conference, the Alliance of the American Dental Association (AADA) is offering scholarships for Student Spouse Members. The scholarships, provided by the ADA Members Insurance Plans underwritten by Great-West Financial, will provide up to seven hundred dollars (\$700) for travel and lodging costs, and will include complimentary registration and non-transferable tickets to required sessions and activities. The focus of this scholarship program is to prepare the recipient for further involvement in dental health education, legislative activities and leadership positions as they continue their membership in the Alliance.

Deadline for submission of scholarship application is February 15, 2018. Scholarship applications will be reviewed and notifications completed by March 9, 2018.

Criteria for Application

1. The applicant must be a Student Spouse Member of AADA.
2. The applicant must be willing to use the skills and knowledge they acquire during Conference in continued serve to the Alliance.

Conditions of Scholarship Acceptance

1. The recipient will register for Conference upon notification of being awarded a scholarship.
2. The recipient must attend all required conference related functions, including but not limited to:
 - First Time Attendee Meeting/Orientation
 - Opening Session/Welcome Event
 - Workshops & Learning Sessions
 - Beulah K. Spencer Awards Dinner
3. Following Conference, the recipient must submit a typed report to the AADA Treasurer relating, but not limited to: their experience at Conference, what they learned, how it will help them as a leader and how they plan to use what they learned. The recipient's report may be published, in whole or in part, in *KEY* or a state or local alliance or dental publication.
4. The recipient must also submit a Request for Reimbursement Form with original receipts (no points or frequent flyer miles) for expenses to the AADA Treasurer within thirty (30) days following Conference, and *at that time, a check will be issued to the grant recipient*
5. Scholarship recipients shall not receive any additional scholarships or reimbursements from AADA for Conference.

Please attach the following to this application:

1. Personal statement. In no more than one typed page, tell us:
 - Why you want to attend this conference?
 - How you hope to benefit from attending and how your attendance will support the Alliance?
 - Why you feel you should be selected?
Please include any factors you consider relevant to the Committee's decision; i.e., you are a new board, council or committee member or have committed to serving on a board, council or committee at the local, state, and/or national level during the next year; you have been responsible for a retention and/or recruitment program; you have managed or participated in a dental health education project; or you are a Member-At-Large (a member without a constituent or component) who has not had an opportunity to serve in any board position, but have or plan to actively participate in the areas of legislative advocacy or dental health education, etc.
2. A summary of your Alliance volunteer experience at the local, state, and/or national level, including positions you have held.
3. List any financial assistance you may receive from your local or state alliance.

Student Spouse Scholarship Application

The AADA Conference Student Spouse Scholarship Program is generously sponsored by ADA Members Insurance Plans underwritten by Great-West Financial. This scholarship is available to Student Spouse Members of AADA. The scholarship includes complimentary registration and non-transferable tickets to required session and activities, and reimburses recipients up to seven hundred dollars (\$700) for travel and lodging. **Recipients are required to attend all official conference activities and to submit a conference report.** Scholarships will be awarded to applicants based on information provided on the application. **Please review the Student Spouse Scholarship Guidelines for details.**

Scholarship applications must be postmarked or received via fax or e-mail by February 15, 2018

Applicant information:

Name _____ AADA Member Since _____
Spouse's Name _____ ASDA Member Since _____
Home Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____ Fax _____
E-Mail _____

Please attach the following to this application:

1. Personal statement. In no more than one typed page, tell us why you want to attend this conference, how you hope to benefit by attending, how your attendance will support the Alliance, and why you feel you should be selected. Please include any factors you consider relevant to the Committee's decision; i.e., you are a new board, council or committee member or have committed to serving on a board, council or committee at the local, state, and/or national level during the next year; you have been responsible for a retention and/or recruitment program; you have managed or participated in a dental health education project; or you are a Member-At-Large (a member without a constituent or component) who has not had an opportunity to serve in any board position, but have or plan to actively participate in the areas of legislative advocacy or Dental Health Education, etc.
2. A summary of your Alliance volunteer experience at the local, state, and/or national level, including positions you have held.
3. List any financial assistance you may receive from your local or state alliance.

Send this form through either:

MAIL:
Alliance of the ADA
P.O. Box 1982
Brandon, FL 33509

FAX:
(813) 315-7132

E-MAIL:
info@allianceada.org

Questions? Call AADA Central Office: (813) 540-2154