

About the ODA Foundation

The Ohio Dental Association Foundation is a 501(c) (3) Ohio charity and is the philanthropic arm of the Ohio Dental Association. It is governed by a Board of Trustees elected by the Executive Committee of the Ohio Dental Association.

ODA Foundation Mission

The Ohio Dental Association Foundation is to improve the oral health of the citizens of Ohio and to enhance the dental profession in Ohio.

ODA Foundation Focus

The ODA Foundation supports a strong dental education environment in Ohio. Visit www.oda.org to learn more.

ODA Foundation Dental Student Scholarships

Qualified dental students are able to apply for the ODA Foundation Dental Career Scholarship to pursue their goal of having an exciting dental career.

NOTE: DENTAL STUDENTS MUST HAVE COMPLETED AT LEAST ONE FULL YEAR OF THEIR PROGRAM IN ORDER TO BE ELIGIBLE TO APPLY FOR AN ODA FOUNDATION SCHOLARSHIP.

Eligibility

1. Applicant must be a resident of Ohio.
2. Applicants must be accepted and entering at least the second year of dental school at either The Ohio State University or Case Western Reserve University.

Requirements

Students applying for an ODAF Dental Student Scholarship must:

1. Show their current financial status, verified by the school's financial aid office and **include a copy of the FAFSA Student Aid Report.**
2. Provide a complete application with all requested information included.

Incomplete applications will not be reviewed.

Amount Available

Dental Student Scholarships are awarded in amounts determined by the Scholarship Review Committee. Students who demonstrate extreme financial hardship while also demonstrating high academic achievement may be awarded higher amounts if funds are available. Scholarships start at \$2,000.

Notification

Applicants will be notified of awards by August 31, 2012.

Deadline

The completed application and required documentation must be received **by July 10, 2012**. All scholarship forms must be sent to:
ODA Foundation
1370 Dublin Road
Columbus, OH 43215
(614) 486-2700

Please note: The Scholarship Review Committee will review your application and may call you for a personal interview.



Supporting Dental Education in Ohio

Instructions

Complete all sections of this application. Please type or print the information.

The following documentation is required with this application. **All application materials must be received at the ODA Foundation office no later than July 10, 2012. Applicants must be Ohio residents and currently at full-time student status within their program. Incomplete applications will not be reviewed.**

Please complete the checklist below carefully when preparing your application and copy all materials for your files. Students who submitted complete applications will be contacted by phone or letter in late August 2012 informing them if the scholarship request has been funded or denied. In order to evaluate your application, all items must be completed.

- Complete Application. Must be legible.
- Verification of Fall 2012 enrollment (program must be accredited by the American Dental Association)
- FAFSA Student Aid Report ... **MUST INCLUDE pages that show the Expected Family Contribution (EFC) AND student eligibility for grants, loans or other sources of financial assistance.**
- Academic Achievement Record (*signed by school official*)
- Financial Needs Assessment – Student
- IRS 1040s forms (student applicant and spouse, if applicable)
- School Financial Need Verification – Financial Aid (*signed by financial aid officer*)
- Financial Sketch
- Biographical Sketch
- Two References

All of the above materials should be returned to the ODA Foundation in a single mailing.

I. General Information

Applicant's Name: _____ Date of Birth: _____

Address (during school year): _____ Phone: _____

City: _____ State: _____ Zip: _____

What is your legal state of residency? _____ # of years applicant has lived in Ohio: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

High school attended, city/state and year of graduation: _____

Undergrad school attended, city/state and year of graduation: _____

If applicant received an ODAF scholarship before, what year(s) and amount: _____

Dental School attending: CWRU School of Dental Medicine OSU College of Dentistry

Class level in Sept. 2012 (2nd, 3rd or 4th year): _____

Honors and Awards (Use additional sheet if necessary): _____

II. Academic Achievement Record**To the Applicant:**

To consider and evaluate this application, the Academic Achievement Record Form must be completed by a school official.

I hereby authorize the release of my academic records to the ODA Foundation, only for the purpose of evaluating my application for the Dental Student Scholarship.

Applicant's Signature _____

Applicant's Printed Name _____ Date _____

To the Admissions Official:

The student named above is applying for the ODA Foundation Dental Student Scholarship. In order to consider this student's application, it is necessary to have this Academic Achievement Record Form completed by a school official in its entirety and stamped with the school's official seal.

Dental Program (school enrolled): _____

Year of Graduation: _____

*Most Recent Cumulative GPA: _____

*Class Ranking: _____

Status (please check one): Full-Time Part-Time

School Official Signature _____

Title _____

Name of School _____

School Official Seal

***Note: Please calculate GPA on a 4.0 scale or provide an overall grade percentage for the last school year.**

References

The ODA Foundation requires two references, one which must be from a dentist or dental program representative (i.e., professor or academic advisor) in support of your application. The forms to be used are enclosed with this application. List below those two individuals who will be submitting reference forms.

Name: _____ Position: _____

Name: _____ Position: _____

Applicant Statement

I hereby affirm that all of the information contained herein is correct, that I am an Ohio resident currently enrolled in an accredited dental program. I understand that misrepresentation, fraud or omission of facts is cause for disqualification or suspension of a scholarship.

Applicant's Signature _____ Date _____

III. Financial Needs Assessment – Student Status

A financial sketch is included (see page 5) for ALL student applicants to answer.

IRS Documentation ... Applicants **MUST** submit copies of 2011 (or most current) IRS 1040 forms filed as follows:

- Student (and spouse, if married)

Applicant's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status Single Married Divorced Separated Widowed

1. Are you single, head of household? Yes No
2. Do you have children who receive more than half their support from you? No Yes _____ How many?
3. Do you have dependents other than children/spouse who receive more than half their support from you?
 No Yes If Yes, explain: _____

Student's Adjusted Gross Income (2011): \$ _____ Student's Current Net Worth: \$ _____

ALL STUDENT APPLICANTS MUST ALSO FILL OUT PAGE 5.

Student Applicant Signature

Student Signature _____

Student Printed Name _____ Date _____

IV. Financial Needs Assessment – Financial Aid**To the Applicant:**

The ODA Foundation requests its Financial Needs Assessment Form be completed and submitted to your school's financial aid office. The financial aid office will be responsible for analyzing and completing this form. It must **be received by the ODA Foundation by July 10, 2012.**

I hereby authorize the release of my Financial Needs Assessment to the ODA Foundation only for the purpose of determining my financial need. I understand the information will be kept strictly confidential **and that the ODAF may request additional information from the Financial Aid Office related to this application.**

Applicant _____

Signature _____

Applicant Printed Name _____ Date _____

To the Financial Aid Officer:

The student named above is applying for the ODA Foundation Dental Student Scholarship. In order to consider this student's application, it is necessary to have this Financial Needs Assessment Form completed.

Name of Applicant: _____ Is the applicant an Ohio resident? Yes No
Is student eligible for student loan assistance? Yes No

A. School Expenses

Tuition: \$ _____
Fees: \$ _____
Books: \$ _____
Supplies: \$ _____

Subtotal of School Expenses \$ _____

B. Financial Resources

	Source	Amount
Scholarships/Grants:	_____	\$ _____
Family Contribution:	_____	\$ _____
Employment Earnings:	_____	\$ _____
Other Income (incl. spouse:)	_____	\$ _____

Subtotal of Financial Resources \$ _____

C. Financial Loans

	Source	Eligible Amount
Loan Received:	_____	\$ _____
Loan Received:	_____	\$ _____
Loan Received:	_____	\$ _____
Loan Received:	_____	\$ _____
Subtotal of Financial Loans		\$ _____

Summary Total

1. Indicate: Subtotal of
School Expenses (A) \$ _____
2. Subtract: Subtotal of
Financial Resources (B) \$ _____
3. Equals:
Unmet Financial Need \$ _____

Signature

Financial Aid Officer's Signature _____ Date _____

Financial Aid Officer's Printed Name _____ Title _____

School Name _____ Phone Number (____) _____

LIST OTHER SCHOLARSHIPS/GRANTS AND AMOUNTS AWARDED FOR THE UPCOMING SCHOOL YEAR:

V. Student Applicant Financial Sketch

To the Applicant:

Please answer the questions below to provide additional information related to your financial need and limit your responses to no more than one additional page.

1. *What are your living expenses while in school and how will you be able to decrease/defray these expenses?*

2. *Will you be employed while in school (or on break)? If so, what type of job, how many hours and do you expect this to defray the cost of education and/or living expenses? If you are not employed, please explain why not.*

3. *How much student debt do you expect to incur and what are your plans for paying it down?*

4. *Do you have other financial obligations not reflected in this application and how do they impact your financial need?*

Signature

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

VII. Reference Form**To the Applicant:**

Please type or print your name and mailing address below.

Applicant's Printed Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

To the Referrer:

The above named applicant is applying for the ODA Foundation Dental Student Scholarship. Please complete this form and return it to the applicant in a sealed envelope with your signature across the closure. Thank you for your assistance.

A. Knowledge of the Applicant

I have known the applicant for: Years(s) _____ Months(s) _____

I know the applicant: Very Well Moderately Well SlightlyNature of my contact with the applicant: Academic Employment Other (*specify*): _____**B. Evaluation of the Applicant**

	Truly Exceptional 5	Excellent 4	Good 3	Average 2	Below Average 1	No Comment
Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Additional Comments (*If necessary, please use an additional sheet of paper.*)**D. Overall Endorsement of the Applicant** Highly Recommend Recommend Recommend with Reservations

Referrer's Printed Name: _____ Title/Degree: _____

Institution Name: _____ Department: _____

Address: _____

City: _____ State: _____ Zip: _____

VII. Reference Form

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Please type or print your name and mailing address below.

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I know the applicant: Very Well Moderately Well Slightly

Nature of my contact with the applicant: Academic Employment Other (*specify*): _____

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Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Additional Comments (*If necessary, please use an additional sheet of paper.*)

D. Overall Endorsement of the Applicant

Highly Recommend Recommend Recommend with Reservations

Referrer's Printed Name: _____ Title/Degree: _____

Institution Name: _____ Department: _____

Address: _____

City: _____ State: _____ Zip: _____