



FOUNDATION

ODA MEMBER BENEFIT

DENTAL STUDENT 2021 SCHOLARSHIP APPLICATION

Scholarship Amount

Awarded scholarships will be in the amount of at least \$1,500.

Eligibility

1. Applicant must be a resident of Ohio.
2. Applicant must be entering at least the second year of dental school at an ADA accredited university during Fall 2021.
3. Applicant must be a member of ASDA.

Requirements

Students applying for an ODAF Dental Student Scholarship must:

1. Show their current financial status, verified by the school's financial aid office.
2. Provide a completed application with all requested information included. Incomplete, illegible or late applications will not be reviewed.
3. Include two letters of recommendation; see section V for information on letter of recommendation requirements.
4. Essay portions must be typed and not handwritten.
5. Include Curriculum Vitae.
6. Completed application must be received by the deadline.

Past scholarship winners, as long as they meet all eligibility requirements, can apply multiple years in a row for the Dental Student Scholarship.

Named Scholarships

The ODA Foundation also awards several named scholarships including the Darryl Dever Advocacy Scholarship, Forward Ever Scholarship, and Dr. E. Karl Schneider II Humanitarian Scholarship. The decisions for these awards will be based on the dental student scholarship application. There is no separate application for these special awards.

Deadline

The completed application and required documentation must be received at the ODA Foundation office by June 23, 2021 at 5 p.m.

All scholarship forms must be sent to:

ODA Foundation
1370 Dublin Road
Columbus, OH 43215
OR

Emailed in a single email to:

Carley@oda.org

Notification

Applicants will be notified if they will receive an ODAF scholarship no later than September 3, 2021.

Questions

For questions about the scholarship application, eligibility or requirements, contact the ODA Foundation at 614-486-2700 or Carley@oda.org.

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 mission 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. The scholarship program furthers the profession of dentistry by attracting the highest caliber of potential dental professionals. Visit www.oda.org to learn more.

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

Instructions

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

All application materials must be received at the ODA office no later than June 23, 2021 at 5 p.m. Applicants must be Ohio residents and currently at full-time student status within their program. Incomplete, illegible or late applications will not be reviewed.

Please complete the checklist below carefully when preparing your application and copy all materials for your files. Students who submit complete applications will be contacted by phone, email or letter by September 3, 2021 informing them if the scholarship request has been funded or denied. In order to evaluate your application, all items must be completed.

- ☐ I. General Information
- ☐ II. Financial sketch
- ☐ III. Biographical sketch
- ☐ Curriculum Vitae
- ☐ IV. Financial Needs Assessment-Student Status
- ☐ IRS 1040 forms (student applicant and spouse, if applicable)
- ☐ V. Reference list
- ☐ Letter of recommendation from one ODA member dentist on their business/professional letterhead
- ☐ Letter of recommendation from a second ODA member dentist or a member of the applicant's community who can speak to applicant's community involvement, leadership or advocacy experiences
- ☐ VI. Financial Needs Assessment-Financial Aid (completed by school financial aid officer)
- ☐ VII. Academic Achievement Record (completed by school official)

I. General Information

Applicant's Name: _____ Date of Birth: _____

University Student ID number: _____

Address (during school year): _____

City: _____ State: _____ Zip: _____

Are you legally an Ohio resident? ☐ Yes ☐ No Number of years applicant has been an Ohio resident: _____

Home Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Which address should we mail to in September 2021? ☐ Home address ☐ Address during school

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

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

Dental School attending: _____

Class level in September 2021: ☐ D2 ☐ D3 ☐ D4

Are you currently a member of American Student Dental Association? ☐ No ☐ Yes, ASDA number: _____

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

Honors and Awards: _____

II. Student Applicant Financial Sketch

Please answer the questions below to provide additional information related to your financial need. Limit your responses to no more than the space provided. **THIS SECTION MUST BE TYPED IN THE SPACE PROVIDED FOR EACH QUESTION.**

STUDENT APPLICANT FINANCIAL SKETCH

1. 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.
2. How much student debt (**dental school debt only**) do you expect to incur and what are your plans for paying it down?
3. Do you have other financial obligations not reflected in this application and how do they impact your financial need?

III. Biographical Sketch

Please respond to the questions below. Limit your responses to no more than the space allotted. Not answering a question or stating “not applicable” is not an option. Please also attach a Curriculum Vitae. **THIS SECTION MUST BE TYPED IN THE SPACE PROVIDED BELOW.**

1. *Are you a member of any student dental organizations (including ASDA)? If yes, please list organizations and describe your involvement with each.*
2. *Have you had any involvement with the ODA or ADA, such as attending ODA Annual Session, Street of Dreams, or ODA council meetings? Please list your experiences and explain any involvement beyond general attendance.*

3. *What is your volunteer or community experience over the past four years? Please include any community, school-related or other such experience including with the ODA/ADA, and describe your level of involvement in each. (Answers to this question will help the review committee determine the recipient of the annual Dr. E. Karl Schneider Humanitarian Scholarship.)*

4. *What involvement have you had in advocacy efforts such as Day at the Statehouse or Student Lobby Day? (Answers to this question will help the review committee determine the recipient of the annual Darryl Dever Advocacy Scholarship.)*

5. *Have you taken on any leadership roles in organized dentistry, dental school, volunteer activities or in your community? (Answers to this question will help the review committee determine the recipient of the annual Forward Ever Scholarship.)*

6. *How have the experiences you described in Biographical Sketch Questions 1 – 5 influenced you in life and in your decision to pursue a dental career?*

7. *Why did you decide to pursue a career in dentistry?*

8. *How do you see yourself fulfilling the ODA Foundation's mission when you are a practicing dentist?*

9. *What are your post graduate personal and professional goals for your first 5 years out of school?*

10. *Do you plan to practice dentistry in Ohio? If yes, explain why. If no, explain why not.*

IV. Financial Needs Assessment – Student Status

The applicant must complete this section and include the following financial document (please black out social security numbers):

- Most current IRS 1040 forms for student (and spouse if married). If you did not file taxes in 2020, did not have any gross income in 2020 and are unmarried, you may omit the IRS 1040 form from your application.

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 (2020): \$ _____

Spouse's Adjusted Gross Income (2020, if married): \$ _____

Student's (and spouse's if married) Current Net Worth: \$ _____

Did you file taxes in 2020? ☐ Yes ☐ No

V. Reference List with Letters of Recommendation

The ODA Foundation requires two letters of recommendation. One letter must be from an ODA member dentist (such as a mentor, childhood/family dentist, dentist from shadowing experiences or volunteer activities, or faculty member). The second letter should either be from a second ODA member dentist or a member of the applicant's community who can speak toward the applicant's community involvement, leadership or advocacy experiences (such as a community leader, current or former employer, mentors, etc). Only one letter of recommendation can be from a dental school faculty member. Family members cannot provide letters of recommendation. Each reference should type a letter of recommendation on their professional letterhead and sign their letter. (Electric signature will be accepted) The letter can either be provided to the applicant in a sealed envelope to include in their scholarship application, or the reference can mail the letter to 1370 Dublin Rd., Columbus, OH 43215, fax to 614-486-0381 or lastly the reference can email the letter directly to Carley@oda.org by June 23, 2021 at 5pm. **Before asking for a reference, check to make sure a dentist is an ODA member by visiting the ODA website at <http://oda.org/account/members/> or email membership@oda.org**

Please provide the names of the two individuals providing recommendation letters:

ODA member dentist:

Name: _____ Relationship to applicant: _____

Second ODA member dentist or community member:

Name: _____ Relationship to applicant: _____

Applicant Statement

I hereby affirm that all of the information supplied by myself and representatives of the university is correct and 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 _____

VI. Financial Needs Assessment – Financial Aid

To the Applicant:

The ODA Foundation requests its Financial Needs Assessment- Financial Aid Form be signed and submitted to your school's financial aid office. The completed form must be included in the student's application, not mailed separately. If submitting the application electronically, the applicant can also request that the Financial Aid office send the completed form directly to the applicant in a PDF format. This PDF can then be attached to the email submission of the application. If your financial aid office cannot send it to you via email you can scan and upload the completed document to your computer and attach it to your submission email. The financial aid office will be responsible for completing this form.

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. You can send/give the completed form directly to the student.

Name of Applicant: _____

Is the applicant an Ohio resident? ☐ Yes ☐ No

Is student eligible for student loan assistance? ☐ Yes ☐ No

A. School Expenses for 2021/22 school year B. Financial Resources

(Do not include housing)

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

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

Subtotal of \$ _____
2021/22 School Expenses

Subtotal of Financial Resources \$ _____
Summary Total

C. Financial Loans: Source

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

1. *Indicate:* Subtotal of School Expenses (A) \$ _____

2. *Subtract:* Subtotal of Financial Resources (B) \$ _____

3. *Equals:*

Unmet Financial Need \$ _____

List other scholarships/grants and amounts awarded for the 2021/22 school year:

Signature

Financial Aid Officer's Signature _____ Date _____

Financial Aid Officer's Printed Name _____ Title _____

School Name _____ Phone Number _____

VII. Academic Achievement Record

To the Applicant:

To consider and evaluate this application, the Academic Achievement Record Form must be signed by the applicant and completed by a school official and stamped with the school's official seal. The completed form must be included in the student's application, not mailed separately to the ODA Foundation. If submitting the application electronically, the applicant can also request that the Financial Aid office send the completed form directly to the applicant in a PDF format. This PDF can then be attached to the email submission of the application. If your financial aid office cannot send it to you via email you can scan and upload the completed document to your computer and attach it to your submission email. The financial aid office will be responsible for completing this form.

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: _____

Student is enrolled in Fall 2021 courses: ☐ Yes ☐ No

Enrollment Status: ☐ Full-Time ☐ Part-Time

*Most Recent Cumulative GPA: _____

*Class Ranking: _____

School Official Seal

***Note: Please calculate GPA on a 4.0 scale.**

Signature

School Officer's Signature _____ Date _____

School Officer's Printed Name _____ Title _____

School Name _____ Phone Number _____