



# FOUNDATION

ODA MEMBER BENEFIT

## COMMUNITY DENTAL HEALTH COORDINATOR 2023 SCHOLARSHIP APPLICATION

### Eligibility

1. Applicant must be applying for enrollment in a Community Dental Health Coordinator (CDHC) program with a start date in the 2023 school year.
2. Applicant must be currently employed with an Ohio oral health related organization (safety net dental clinic, FQHC, dental office, etc.). Applicant **must** be a resident of Ohio.
3. If a scholarship is awarded, the applicant's CDHC program must confirm applicant's enrollment prior to disbursement of scholarship.

### Requirements

Applicants for an ODAF CDHC Scholarship must:

1. Complete application with all requested information included. Incomplete, illegible or late applications will not be reviewed.
2. Type Section II.
3. Include a Curriculum Vitae or resume.
4. Email all required parts of the application in a single message to the ODA Foundation by the deadline.

### Deadline

The completed application and required documentation must be received at the ODA Foundation office by February 10<sup>th</sup>, 2023 at 5 p.m.

### Scholarship form and CV/resume must be emailed in a single message to:

Skyler Lesser-Roy: [skyler@oda.org](mailto:skyler@oda.org)

### Notification

Applicants will be notified if they will receive an ODAF scholarship no later than February 20<sup>th</sup>, 2023.

### Questions

For questions about the scholarship application, eligibility or requirements, contact the ODA Foundation at 614-486-2700 or [skyler@oda.org](mailto:skyler@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](http://www.oda.org) to learn more.

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

*Students awarded a scholarship from the ODA Foundation who withdraw from the CDHC program for any reason will not receive funds not yet distributed from the school financial aid office. Such funds will be returned to the ODA Foundation by the financial aid officer or other appropriate school official.*

# Instructions

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

All application materials must be submitted electronically no later than February 10<sup>th</sup>, 2023 at 5 p.m.

Please complete the checklist below carefully when preparing your application and copy all materials for your files. Applicants who submit complete applications will be contacted by phone, email or letter by February 20<sup>th</sup>, 2023 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. Biographical sketch
- III. Curriculum Vitae or Resume

## I. General Information

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant is an Ohio resident:  Yes  No # of years applicant has lived in Ohio: \_\_\_\_\_

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

-

Undergrad school attended and/or dental assisting or dental hygiene program, city/state and year of graduation:

-

CDHC program applicant plans to attend (university name): \_\_\_\_\_

CDHC program acceptance decision date (month only if exact date unknown): \_\_\_\_\_

CDHC program start date: \_\_\_\_\_ Expected program completion month and year: \_\_\_\_\_

Current oral health related employer (organization name and address):

-

Currently practicing as:  Dental Assistant  Dental Hygienist  Other: \_\_\_\_\_

I hereby affirm that all of the information I have supplied in all parts of my scholarship application is correct and that I am currently employed by an oral-health related organization in Ohio. I understand that misrepresentation, fraud or omission of facts is cause for disqualification or suspension of a scholarship.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## II. Biographical Sketch

Please answer the following questions to provide additional information about your experience working with the underserved and plans to utilize the skills you will gain through the CDHC program. Responses are limited to 1,000 characters. **THIS SECTION MUST BE TYPED IN THE SPACE PROVIDED BELOW.**

1. *What is your current position at the oral health related organization where you are employed? Please detail job responsibilities.*

2. *How do you currently help improve access to dental care for Ohio residents?*

3. *How will attending the CDHC program help you improve access to dental care for Ohio residents?*

4. *Do you plan to work as a CDHC in Ohio upon completion of the program and how will you utilize the skills you learn from this program?*
5. *Will you continue working at the same oral health related organization or will you be changing positions and/or organizations following program completion?*
6. *In your experience, what have you found to be the biggest challenges for underserved Ohioans (specifically in your community) to obtain access to dental care?*