

Scholarship Amount

Awarded scholarships will be in the amount of at least \$1,500. Past scholarship winners, as long as they meet all eligibility requirements, can apply multiple years in a row for the Dental Student Scholarship.

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 2024.
3. Applicant must be a member of ASDA.

Requirements

Students applying for an ODAF Dental Student Scholarship must:

1. Provide a completed application with all requested information included. Incomplete, illegible or late applications will not be reviewed.
2. Show their current financial status, verified by the school's financial aid office.
3. Include two letters of recommendation as described below.
4. Complete essay portions.
5. Include Curriculum Vitae.

Online Submission

The ODA Foundation is now utilizing an online submission process. You can find the link to submit the application at:

<https://www.oda.org/get-involved/with-the-oda-foundation/oda-foundation-scholarships/>. You will not be able to start and stop the online application, it must be completed in one sitting, including having your PDF documents ready for upload as instructed in this document.

Named Scholarships

The ODA Foundation also awards several named scholarships including the Darryl Dever & David Owsiany 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 and answers in your Biographical Sketch Essays. The Dr. Kevin Laing Fund Scholarship will be awarded to one student who comes from or intends to practice dentistry in a rural/underserved community. The Dr. James F. Mercer Leadership Scholarship will also be awarded to one student who qualifies and completes the supplemental essay questions in the Mercer Leadership Scholarship section as noted below.

Deadline

The completed application and required documentation must be submitted online by June 21, 2024 at midnight.

Notification

Applicants will be notified if they will receive an ODAF scholarship by mid September.

Questions

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

Instructions

Students who submit complete applications will be contacted by phone, email or letter by mid-September 2024 informing them if the scholarship request has been funded or denied. In order to evaluate your application, you must submit a complete application online. Incomplete applications will not be reviewed.

Before doing the online application, first read the rest of this Application Guidance, as you must prepare several documents with essays, get two letters of recommendation and ask university representatives to complete two forms. You will not be able to start and stop the online application; it must be completed in one sitting, including having your PDF documents ready for upload as instructed in this document.

The checklist below will help you determine if you are ready to complete the online application as you MUST have all of these documents ready at time of submitting the online application. Once you have all of these documents prepared and you are ready to complete and submit your online application, go to: <https://www.oda.org/get-involved/with-the-oda-foundation/oda-foundation-scholarships/>. Your online application must be submitted by June 21, 2024 at midnight.

You will need to prepare the following documents in PDF format to submit with your online application:

- Financial Sketch Essays
- Biographical Sketch Essays
- OPTIONAL: Mercer Leadership Scholarship Essays (only complete this portion if you will be a D4 at Ohio State in Fall 2024, have been an Ohio resident for 5 or more years and completed your D3 year with a 3.5GPA or higher)
- Curriculum Vitae
- IRS 1040 forms (student applicant and spouse, if applicable). Please redact/black out social security number. If you did not file taxes in 2023, you do not need to include a 1040.
- 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
- Financial Needs Assessment (completed by school financial aid officer)
- Academic Achievement Record (completed by school official)

The Financial Needs Assessment and Academic Achievement Record forms are included in this Application Guidance and are also available for download as individual forms at <https://www.oda.org/get-involved/with-the-oda-foundation/oda-foundation-scholarships/>. These individual forms may be easier to send to your school's officials for completion.

Student Applicant Financial Sketch Essays

Please answer the questions on a page marked as "Financial Sketch Essays" with the questions typed above your answer. Please limit yourself to no more than two pages of singled spaced 10pt font. Save this document as a PDF to upload in your online application.

FINANCIAL SKETCH ESSAY QUESTIONS:

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?*

Biographical Sketch Essays

Please answer the questions on a page marked "Biographical Sketch Essays" with the questions typed above your answer. Please limit yourself to no more than two pages of singled spaced Arial 10pt font. Save this document as a PDF to upload in your online application.

BIOGRAPHICAL SKETCH ESSAY QUESTIONS:

1. *What student organizations are you involved with (including ASDA)? 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 both inside and outside of dentistry? Please include any community, school-related or other such experience, 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 II 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 & David Owsiany 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. *Why did you decide to pursue a career in dentistry and how have the experiences you described in Biographical Sketch Questions 1 – 5 influenced your life and your career decision?*
7. *How do you see yourself fulfilling the ODA Foundation's mission when you are a practicing dentist?*
8. *What are your post graduate personal and professional goals for your first 5 years out of school?*
9. *Do you plan to practice dentistry in Ohio? Please explain why or why not.*
10. *Do you plan to practice in an underserved area of Ohio such as a rural area or serve a population that struggles to access care? If yes, please explain. (Answers to this question help the review committee determine the recipient of the Dr. Kevin Laing Fund Scholarship.)*

Dr. James F. Mercer Leadership Scholarship

The Dr. James F. Mercer Leadership Scholarship will be awarded on merit to one student entering the fourth year of dental school at The Ohio State University College of Dentistry in Fall 2024. This scholarship will be given in recognition of his or her leadership and accomplishments during the first three years of dental school and in the community. The award is given to honor the legacy of Dr. Mercer, who passed away in 2002, and left a legacy of commitment and service to others, after serving patients, organized dentistry and his community for decades. As part of the Akron Dental Society and ODA, he received numerous awards and recognition for his service. He also served as the 7th District Trustee to the ADA as well as its treasurer. Awards for this special leadership-based scholarship have ranged from \$4,000 to \$7,500 in prior years.

Students who will be a D4 dental student at The Ohio State University in Fall 2024, have a minimum 3.5 GPA at the end of their D3 year, and have been an Ohio resident for 5 or more years qualify for this special scholarship. If you would like to be considered for the Dr. James F. Mercer Leadership Scholarship, please complete the following Dr. James F. Mercer Leadership Scholarship Essays. Please answer the questions on a page marked "Mercer Leadership Essays" with the questions typed above your answer. Please limit yourself to no more than two pages of singled spaced Arial 10pt font. Save this document as a PDF to upload in your online ODA Foundation Dental Student Scholarship application.

MERCER LEADERSHIP ESSAYS QUESTIONS:

1. *Define yourself as a leader, both inside dental school and in your personal life/community.*
2. *What are your personal and professional goals and how will you make sure they are achieved? Include challenges you may expect and how you will overcome them.*
3. *How do you plan to be a leader and advocate in dentistry and your community in the future?*

Letters of Recommendation

The ODA Foundation requires two letters of recommendation. Only one letter of recommendation can be from a dental school faculty member. Family members cannot provide letters of recommendation. Each letter of recommendation should be on the reference's professional or business letterhead and be signed (electronic signature is fine) and sent to the applicant as a PDF to upload with your application. If the reference would prefer their letter to remain confidential, they may email it directly to the ODA Foundation at mollie@oda.org.

ODA member reference:

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). **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**

Second reference:

The second letter should either be from a second ODA member dentist or a non-dentist 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).

Financial Needs Assessment

To the Applicant:

The ODA Foundation requests its Financial Needs Assessment be signed and submitted to your school's financial aid office. The financial aid office will be responsible for completing this form. The completed form must be uploaded as a PDF with your online application.

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 2024/25 school year B. Financial Resources

(Do not include housing)

	Source	Amount
Tuition: \$ _____	Scholarships/Grants: _____	\$ _____
Fees: \$ _____	Family Contribution: _____	\$ _____
Books: \$ _____	Employment Earnings: _____	\$ _____
Supplies: \$ _____	Other Income (incl. spouse:) _____	\$ _____
Subtotal of 2024/25 School Expenses \$ _____	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 \$ _____

List other scholarships/grants and amounts awarded for the 2024/25 school year:

Signature

Financial Aid Officer's Signature _____ Date _____

Financial Aid Officer's Printed Name _____ Title _____

School Name _____ Phone Number _____

Academic Achievement Record

To the Applicant:

To consider and evaluate this application, the Academic Achievement Record 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 as a PDF in your online application submission. The financial aid office or registrar may complete 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 Dental School/University 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 2024 courses: Yes No

Enrollment Status: Full-Time Part-Time

*Most Recent Cumulative GPA: _____

*Class Ranking: _____



***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 _____