

Michigan Dental Association Foundation Scholarship Application

The Michigan Dental Association Foundation (MDAF) annually awards student scholarships to dental, dental hygiene, and dental assisting students, encouraging them to continue to pursue careers in dentistry, dental education, and the allied dental health fields. Through the generous donations of individuals and partner organizations, the Michigan Dental Association Foundation is able to offer the various scholarships listed below. Applicants to all Michigan Dental Association Foundation Scholarships must be U.S. citizens and residents of the State of Michigan.

To the applicant: Please place a check next to the scholarship(s) that you wish to apply for, and mail this page with a completed application to the Michigan Dental Association Foundation.

THE ROBERT MITUS SCHOLARSHIP PROGRAM

The funds for the Robert Mitus scholarships were made available by the family of Dr. Robert Mitus. The late Dr. Mitus, an honorary MDA past president, was a leader in efforts to form the Michigan Dental Foundation in the late 1990s. He previously had been instrumental in developing the West Michigan Dental Foundation. A former president of the West Michigan District Dental Society, Dr. Mitus also served on the Michigan Dental Association Board of Trustees. He also helped establish West Michigan Dental Society's Adult Dental Services, as well as the statewide Michigan Donated Dental Services program.

3rd Year Dental Students

Up to \$6,000 is awarded annually to dental students entering the third year of their dental program.

By checking the box next to this scholarship I hereby certify that I am enrolled full-time and entering the third year of undergraduate dental education at either the University of Michigan or University of Detroit Mercy School of Dentistry.

Senior Dental Hygiene Students

Up to \$2,000 is awarded annually to dental hygiene students entering the final year of their dental hygiene program.

By checking the box next to this scholarship I hereby certify that I am enrolled full-time and entering the final year of an accredited dental hygiene school in the State of Michigan.

Dental Assisting Students

Up to \$2,000 is awarded annually to dental assisting students whom have completed the first semester/second quarter (or its equivalent) of their dental assisting program.

By checking the box next to this scholarship I hereby certify that I am enrolled full-time in an accredited dental assisting program in the State of Michigan, and that I have completed the first semester/second quarter, or its equivalent, at the time of application. If enrolled part time I certify that I am currently employed in a dental related field, and have included with my application the Michigan Dental Association Foundation Work Experience Form.

JOHN G. NOLEN SCHOLARSHIP

3rd Year Dental Students attending the University of Michigan School of Dentistry.

The funds for this \$500 scholarship were made available by the family of Dr. John Nolen. The late Dr. Nolen served as executive director of the Michigan Dental Association from 1969 until 1990, building the MDA into a modern-day association and helping guide the profession through a time of significant change and challenge. Previously a general dentist from Lansing, Dr. Nolen was a longtime member of the MDA Board of Trustees and served as MDA secretary prior to his appointment as executive director. Active in politics and well-known nationally, as well as in Michigan, Dr. Nolen was long considered one of organized dentistry's most-effective administrators and leaders.

By checking the box next to this scholarship I hereby certify that I am enrolled full-time and entering the third year of undergraduate dental education at the University of Michigan School of Dentistry.

GEORGE BLETSAS SCHOLARSHIP

3rd year dental students attending the University of Detroit Mercy School of Dentistry.

The funds for this \$500 scholarship were made available by Dr. George Bletsas. Dr. Bletsas is a past president of the Michigan Dental Association and past Ninth District Trustee to the American Dental Association. His long record of contributions to dentistry includes service as chair of the MDA's political action committee, service on the MDA Board of Trustees and MDA Insurance & Financial Group Board of Directors, and long involvement in public relations, dental benefits and legislative activities among all three branches of organized dentistry.

By checking the box next to this scholarship I hereby certify that I am enrolled full-time and entering the third year of undergraduate dental education at the University of Detroit Mercy School of Dentistry.

DR. BILL SCHUMANN SCHOLARSHIP

4th year dental students attending the University of Detroit Mercy School of Dentistry and planning to practice in the state of Michigan.

The funds for this scholarship were made available by the Michigan Dental Association Insurance and Financial Group in honor of Dr. Bill Schumann. Dr. Schumann was a 1952 graduate of the University of Detroit Dental School. He practiced dentistry in Redford, until 1988, but many remember him as a longtime faculty member at the University of Detroit Mercy School of Dentistry. He was also a lawyer, having obtained his J.D. degree from the Detroit College of Law in 1965. Dr. Schumann served on the MDA's insurance committee beginning in 1986, eventually chairing the committee. He then served as chair of the MDA's insurance subsidiary, MDA Insurance & Financial Group, from 1996 until 2002, leading the organization during a period of rapid growth. Dr. Schumann passed away in 2005, and this scholarship honors his contributions to MDA Insurance and organized dentistry. The annual award for this scholarship is \$1,000 and will be paid directly to the dental school to offset tuition expenses.

By checking the box next to this scholarship I hereby certify that I am enrolled full-time and entering the fourth year of undergraduate dental education at the University of Detroit Mercy School of Dentistry, that I am a member of the American Student Dental Association, and that I plan to practice in Michigan upon graduation from dental school.

MDA INSURANCE & FINANCIAL GROUP SCHOLARSHIP

4th year dental students attending the University of Michigan School of Dentistry and planning to practice in the state of Michigan.

The funds for this scholarship were made available by the Michigan Dental Association Insurance and Financial Group. MDA Insurance offers a wide range of insurance coverage for dentists, their practices, homes and families. MDA Insurance plans represent some of the greatest benefits of the Michigan Dental Association membership, offering group rates and great service. Whether it's health, business owners, long-term care, professional liability, or home and auto insurance, MDA Insurance is there to help. As an agency dedicated to dentistry, and serving the needs of Michigan Dental Association members, MDA Insurance is pleased to be a scholarship sponsor. The annual award for this scholarship is \$1,000 and will be paid directly to the dental school to offset tuition expenses.

By checking the box next to this scholarship I hereby certify that I am enrolled full-time and entering the fourth year of undergraduate dental education at the University of Michigan, that I am a member of the American Student Dental Association, and that I plan to practice in Michigan upon graduation from dental school.

All Applications must be typed and in English.

Following is a list of materials required of you. All application materials must be received by the Michigan Dental Association Foundation no later than the deadlines below.

APPLICATION DUE DATES:

Dental Students	February 15
Dental Hygiene Students	November 15
Dental Assisting Students	February 15

Applicants must be U.S. citizens, a resident of the State of Michigan, and enrolled as a full time student at an ADA accredited dental, dental hygiene, or dental assisting program in the State of Michigan. Full time status denotes a minimum of 12 credit hours. Dental assisting students enrolled part time may also be eligible if they are currently employed in a dental related field, and must show proof of employment by completing the Michigan Dental Association Foundation Work Experience Form.

Incomplete or handwritten applications will not be reviewed.

Please complete this checklist carefully when preparing your application and copy it for your files for future reference. All applicants chosen as scholarship recipients will be notified by the end of the year for dental hygiene student scholarships, and by early April for dental student and dental assisting student scholarships.

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Academic Achievement Record Form |
| <input type="checkbox"/> Letter of Reference Form #1 | <input type="checkbox"/> Typed Biographical Sketch Page 1 |
| <input type="checkbox"/> Letter of Reference Form #2 | <input type="checkbox"/> Typed Biographical Sketch Page 2 |
| <input type="checkbox"/> Financial Needs Assessment Page 1 | <input type="checkbox"/> Official Transcript (most current) |
| <input type="checkbox"/> Financial Needs Assessment Page 2 | |

To ensure consideration, **ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETE** and sent to:

The MDAF Scholarship Fund
ATTN: Lori Kleinfelt
3657 Okemos Road, Suite 200
Okemos, MI, 48864-3927

Applications must be received no later than November 15th for dental hygiene program students and February 15th for dental students and dental assisting students.

All Michigan Dental Association Foundation Scholarship Funds must be used only to defray school expenses such as tuition, fees, books/supplies, and living expenses.

FINANCIAL NEEDS ASSESSMENT PAGE 1

Please type all information.

To determine financial need, The Michigan Dental Association Foundation Scholarship Committee requests that its Financial Needs Assessment Form be completed and submitted to your Financial Aid Office. The Financial Aid Office will be responsible for analyzing and completing this form, which must be received in our office by November 15 for dental hygiene students, and February 15 for dental students and dental assisting students.

Candidate

I hereby authorize the release of my Financial Needs Assessment to the Michigan Dental Association Foundation Scholarship Committee for the purpose of determining my financial need and citizenship/Michigan Residency. I understand this information will be kept strictly confidential.

Name: _____ Social Sec. Number: _____

Candidate Signature: _____ Date: □□/□□/□□

Financial Aid Officer

The named candidate is applying for the Michigan Dental Association Foundation Scholarship. In order to consider this candidate's application, it is necessary to have this Financial Needs Assessment Form completed.

Only US citizens/Michigan residents are eligible to apply.

FINANCIAL AID OFFICE COMPLETE REMAINDER OF INFORMATION ON THIS PAGE ↓			
FINANCIAL AID OFFICER NAME:			
FINANCIAL OFFICER SIGNATURE AND TITLE:			
SCHOOL:			
TELEPHONE:			
DATE: □□-□□-□□			
Financial Information Based on current School Year:			
	EXPENSES		AVAILABLE FUNDS
Tuition/Fees		Loans	
Books/Supplies		Scholarships & Grants	
School Year Living Expenses		Family Support	
Other Category You Want Considered Specify Here:		Other Income	
TOTAL EXPENSES HERE ➡ :		TOTAL AVAILABLE FUNDS HERE ➡ :	
IS THE CANDIDATE A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE CANDIDATE A RESIDENT OF THE STATE OF MICHIGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE CANDIDATE ENROLLED FULL TIME IN YOUR PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			

The Candidate Must Also Complete the Financial Needs Assessment Page 2

Note: To ensure consideration, this information must be sent to The MDAF Scholarship Fund, 3657 Okemos Road, Suite 200, Okemos, MI 48864-3927 and received no later than November 15 for dental hygiene students, and February 15 for dental students and dental assisting students. Thank you for your assistance.

FINANCIAL NEEDS ASSESSMENT PAGE 2

Please respond to the following questions to provide more specific information regarding your financial need and limit your responses to the space provided.

1. Describe why your living expenses are greater than projected by the school, and/or what measures you have taken to decrease your living expenses.

2. Are you currently employed while in school? If so please describe the type of work, hours, and how this has helped defray the cost of your education. If you are not currently employed, please describe why you have chosen not to, or what responsibilities preclude you from doing so.

3. Briefly describe your long term plan for paying down your student debt

4. Please describe any other financial responsibilities or obligations that are not reflected here, that will provide us with a clearer picture of your financial need.

LETTER OF REFERENCE FORM (1)

To be completed by an academic/clinic instructor or employer/supervisor.

To The Referrer: The candidate is applying for a Michigan Dental Association Foundation Scholarship. **Please complete the reference form below and return it to the candidate in a sealed envelope with your signature across the closure. Only typed forms will be accepted.** Thank you for your assistance.

Candidate's Name: _____ Social Security Number: - -

Referrer's Name: _____ Title or Position: _____

Institution or Company Name: _____ Telephone: - -

FAX: - - Email: _____ Date: / /

1. In what capacity and how long have you known the candidate?

Describe Relationship: _____ _____ years _____ months

2. Describe the candidate's commitment to his/her field of study.

3. SKILLS ASSESSMENT: PLEASE RATE THE CANDIDATE IN THE FOLLOWING AREAS.

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work	N/A
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Dental Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<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"/>
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"/>

4. Please cite SPECIFIC examples of how the candidate has demonstrated A FEW of the qualities listed in #3.

LETTER OF REFERENCE FORM (2)

To be completed by an academic/clinic instructor or employer/supervisor.

To The Referrer: The candidate is applying for a Michigan Dental Association Foundation Scholarship. **Please complete the reference form below and return it to the candidate in a sealed envelope with your signature across the closure. Only typed forms will be accepted.** Thank you for your assistance.

Candidate's Name:

Social Security Number: --

Referrer's Name:

Title or Position:

Institution or Company Name:

Telephone: --

FAX: -- Email:

Date: //

1. In what capacity and how long have you known the candidate?

Describe Relationship:

years months

2. Describe the candidate's commitment to his/her field of study.

3. SKILLS ASSESSMENT: PLEASE RATE THE CANDIDATE IN THE FOLLOWING AREAS.

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1)=Needs Work	N/A
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Dental Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<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"/>
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"/>

4. Please cite *SPECIFIC* examples of how the candidate has demonstrated A FEW of the qualities listed in #3.

MICHIGAN DENTAL ASSOCIATION FOUNDATION WORK EXPERIENCE FORM

Those applying for the Robert Mitus Dental Assisting Scholarship whom are part-time students must fill out this form. Dental assisting applicants currently enrolled in less than 12 credit hours must be currently employed in a dental related field.

Name of Employer or Firm Number of Hours per Week	Dates of Employment	Nature of Work
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Name (Print): _____ Date: _____

Signature: _____

BIOGRAPHICAL SKETCH: LEADERSHIP, ACTIVITIES, AND AWARDS

Candidate: Describe below significant extracurricular, community, volunteer, church, and/or research activities you have participated in *within the past four years*. Indicate special awards, honors, and leadership experiences. Page one and two of this section must be completed. Please limit your responses to the space allowed on these two pages.

Name of organization, award, research project, etc.	Date(s) of Participation	Designate as Indicated	Type of activity, purpose for award, description of research, etc.
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> Community Service <input type="checkbox"/> Award/Honor <input type="checkbox"/> Research <input type="checkbox"/> Active member <input type="checkbox"/> Elected officer <input type="checkbox"/> Other, specify:	

Name (Print): _____

Signature and Date: _____

BIOGRAPHICAL SKETCH: GOALS, GROWTH AND CONTRIBUTIONS

Please answer the following questions in the space provided. ALL RESPONSES MUST BE TYPED.

Name *up to 3 activities* you identified on page 1 of this section and describe how each of these experiences shaped you personally and/or professionally.

Describe your professional goals and the strength you have to achieve them.

Describe your intended contributions to your profession. Please be as specific as possible.

Name (Print): _____

Signature and Date: _____