



GREATER SAN ANTONIO HISPANIC DENTAL ASSOCIATION 2016 SCHOLARSHIP PROGRAM

THE GREATER SAN ANTONIO HISPANIC DENTAL ASSOCIATION in its quest for continuous improvement in the development of Hispanic dental professionals is presenting a scholarship program to Hispanic students enrolled in a Dental Program.

Who can apply?

These scholarships are open to pre-dental college students and to students who are currently enrolled in an accredited Dental Program. Students must be currently enrolled in the final year of their training at a Dental School, Dental Hygiene School, or Dental Assisting Program. The Student must be a U.S. citizen or have permanent resident status in the U.S.

How does one apply?

The attached application form may be submitted to the Greater San Antonio Hispanic Dental Association Scholarship Committee via email (pinedaj@uthscsa.edu) or hand delivered to the following Department of Comprehensive Dentistry faculty: **Dr. Juanita Lozano-Pineda (Room 4.632U)**, *The committee must receive the application no later than April 11, 2016.*

How will the scholarships be awarded?

The Scholarship Committee of the HDA Foundation will review each application on its merit. Areas that will be included are the demonstration of:

- Scholastic Achievement (minimum 3.0 average grade point on 4.0 scale)
- Community Service (*i.e.* volunteer efforts in school, medical facilities, church, etc.)
- Leadership Skill
- Commitment and dedication to improving health in the Hispanic Community

Items to Submit with Application:

- Scholarship Application
- Curriculum Vitae

**GREATER SAN ANTONIO HISPANIC DENTAL ASSOCIATION
SCHOLARSHIP COMMITTEE
P.O. Box 291224
San Antonio, TX 78229**

For more information: email: hilda.yanez@yahoo.com



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SCHOLARSHIP APPLICATION

A. Program: I am enrolled in the following dental/pre-dental program:

- Dentistry Dental Hygiene Dental Assisting Pre-dental

B. General Information:

Name: _____
Last First Middle Initial Maiden

Address: _____

_____ SS#: _____

Phone: _____ Email: _____
Area Code Number

Important: Use only this space to answer the following questions. Any papers other than provided forms will not be evaluated as part of your application. You may print or type on form, or type on separate sheet and paste into the space. Writing must be legible. You may copy this form.

C. Community Service, Leadership, and/or Extracurricular Activities:

List any student association work and/or volunteer experiences (include the dates):

G. Authorization

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED WITHIN THIS APPLICATION.
I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISQUALIFICATION.

Signature

Date

