



## **GREATER SAN ANTONIO HISPANIC DENTAL ASSOCIATION 2018 SCHOLARSHIP PROGRAM**

THE GREATER SAN ANTONIO HISPANIC DENTAL ASSOCIATION in its quest for continuous improvement in the development of culturally proficient dental professionals is presenting a scholarship program to students who best fulfill it's mission to be the leaders of oral health and provide Service, Education, Advocacy, and Leadership for the elimination of oral health disparities in the Hispanic Community.

### ***Who can apply?***

These scholarships are open to pre-dental senior high school students, college students and to students who are currently enrolled in an accredited Dental Program. Dental students must be currently enrolled in the final year of their training at a Dental School, Dental Hygiene School, or Dental Assisting Program.

### ***How does one apply?***

The attached application form may be submitted to the Greater San Antonio Hispanic Dental Association Scholarship Committee **via email [gsahda2016@gmail.com](mailto:gsahda2016@gmail.com) or mailed to P.O. Box 291224 SA, TX 78229. Deadline is April 13th, 2018.**

### ***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: [gsahda2016@gmail.com](mailto:gsahda2016@gmail.com)**





**D. Honors:**

List any honors received for scholastic achievements and/or achievements in community service, leadership and extracurricular activities:

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**E. Work Experience** *(indicate if health or dental related):*

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**F. Career Goals Statement:**

Please use the space below to summarize your career goals. Also include how GSAHDA has helped or may help you to achieve these goals. Your statement must be typed or printed. *Use only the space provided.*

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**G. Authorization**

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

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Signature

\_\_\_\_\_  
Date

