Hawaii Dental Students Endowed Scholarship Application

The OHSU School of Dentistry announces the Hawaii Dental Students Endowed Scholarship, a donor-funded scholarship for OHSU predoctoral students who are residents of the state of Hawaii.

The Hawaii Dental Students Endowed Scholarship was created by five Hawaiian OHSU alumni. All five of the initial donors are proud graduates of the OSHU School of Dentistry. Their desires to give back to their alma mater and pave the way for future dental professionals from Hawaii demonstrates their passion and commitment to education and their community.

One $4,000 scholarship funded by the Hawaii Dental Students Scholarship Endowment Fund will be awarded in the 2019-20 academic year to predoctoral students at the OHSU School of Dentistry based on the following criteria: 1) career plans; 2) potential as a dentist; 3) financial need; 4) academic achievement and scholastic record while a student at OHSU.

Deadline
Completed applications with supporting documentation must be received by the School of Dentistry Office of Student Affairs by Friday, February 28, 2020.

Eligibility
- Must be a currently enrolled OHSU predoctoral DMD student.
- Must be a resident of the state of Hawaii.
- Must have completed a FAFSA application for the 2019-20 Academic Year (current academic year).
- Demonstrate financial need based on OHSU’s Financial Aid Office needs assessment.

Award Amount
- $4,000 awarded in the spring academic term applied against tuition and fees.

Application Procedures
- Complete the Hawaii Dental Students Endowed Scholarship Application.
- Include an official or unofficial copy of your dental school transcript (from ISIS).
- Must include a brief essay which details your commitment to your community, future goals, and how the scholarship would help you. The essay should not exceed 500 words (two, double-spaced pages).

Notification
Applicants will be notified before March 20th. The scholarship will be awarded at the ODC on Saturday, April 4th at the Oregon Convention Center during the OHSU School of Dentistry Alumni Association Awards Presentation and Lunch. Your presence is requested.

Letter of Thanks to the Donor(s)
If selected for a scholarship you must agree to write a thank you letter to the donor(s) upon receipt of the award.

Return completed application by US/campus mail, or drop off form in person, addressed to:

Hawaii Dental Students Endowed Scholarship
c/o Office of Admissions and Student Affairs
OHSU School of Dentistry
2730 SW Moody Ave. Mail code: SD-SA
Portland, OR 97201-5042
Hawaii Dental Students Endowed Scholarship Application

Instructions: Please fill out this application neatly (preferably typed). If you need extra room, you may attach a separate sheet of paper. You may also attach a resume or Curriculum Vitae. Return the application with the supporting materials to the address listed below. Deadline is Friday, February 28, 2020.

Name:  ____________________________________________
        Last     First     Middle
Student ID#:  ____________________________
Local Address:  ____________________________________________
City:  ____________________________ State:  ____________________________ ZIP:  ____________________________
Local Phone:  ____________________________ Cell Phone:  ____________________________
Email:  ____________________________________________
Permanent Address:  ____________________________________________
City:  ____________________________ State:  ____________________________ ZIP:  ____________________________
Permanent Phone:  ____________________________
Legal State of legal Residency:  ____________________________
Citizenship/Residency/Visa Status:  (Please check only one) US Citizen ☐  Permanent Resident ☐  F-1 Visa Holder ☐  J-1 Visa Holder ☐
Ethnicity:  Asian Pacific Islander ☐  African American ☐  Caucasian ☐  Hispanic ☐  Native American ☐  Other ☐  ____________________________
Gender:  Male ☐  Female ☐
Date of Birth:  __________ / __________ / __________
Class Level:  DS1 ☐  DS2 ☐  DS3 ☐  DS4 ☐
Number of Letters of Commendation earned:  __________ out of a possible __________
Expected OHSU graduation date:  __________ (mm/yyyy)
Have you received a scholarship from the SOD in the past? Yes ☐ No ☐
If yes, which one(s) and in what amount(s)?

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<th>Source or Name of Award</th>
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**Extracurricular and community activities**: On a separate piece of paper please list the specifics of your community service involvement including number of hours of participation, your role in the activity/service and any position of leadership tied to each activity/service.

________________________________________________________________________

________________________________________________________________________

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**Career goals**: __________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


**Signature**

I certify that the above information is accurate to the best of my ability. I authorize the OHSU School of Dentistry and the Scholarship Committee to release this scholarship application and its contents to the OHSU Foundation and/or the donors of the Hawaii Dental Students Scholarship Endowment Fund. If selected for a scholarship, I agree to write a thank you letter to the donor(s) upon receipt of the award. I also understand that my presence is requested at the OHSU Annual Alumni Meeting and Awards Luncheon at the Oregon Dental Conference where this scholarship will be presented.

Signature ___________________________________________ Date ________________________


**Please return completed applications by US/campus mail, or drop off form in person, addressed to:**

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OHSU School of Dentistry  
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RECEIVED: