Willamette Dental Group Scholarship

The OHSU School of Dentistry announces the Willamette Dental Group Scholarship, a donor-funded scholarship for OHSU predoctoral students.

Willamette Dental Group is a group practice with more than 50 dental offices in Oregon, Washington and Idaho. Willamette Dental Group desires to recruit and retain dentists interested in a successful large group practice dedicated to delivering superior care through a partnership with its patients to stop the disease/repair cycle by means of evidence-based methods of prevention and treatment.

A $7,500 scholarship, funded by the Eugene C. Skourtes Foundation will be awarded in the 2019-20 academic year to a dental student in their fourth year at the OHSU School of Dentistry. Applicants must demonstrate a sincere commitment to becoming a practitioner of oral health, dedicated to keeping their patients well, and must show a strong interest in joining a group practice setting after graduation.

Willamette Dental’s core values are: Integrity, Compassion, Health, and Innovation. As such, Willamette Dental is highly interested in recruiting and retaining individual professionals with similar ideals.

Deadline
Completed applications with supporting documentation must be received by the School of Dentistry Office of Student Affairs on Thursday, March 5, 2020.

Eligibility
- Must be a currently enrolled DS4 student.
- Must demonstrate a sincere commitment to becoming a practitioner of oral health, dedicated to keeping their patients well.
- Must demonstrate a strong interest in joining a group practice setting after graduation.
- Must have completed a FAFSA application for the 2019-2020 Academic Year (the current academic year).
- Demonstrate financial need based on OHSU’s Financial Aid Office needs assessment.

Award Amount
- $7,500 awarded to one OHSU DS4

Application Procedures
- Complete the Willamette Dental Group Scholarship Application.
- Include an official or unofficial copy of your dental school transcript (from SIS).
- Attach a typed essay of no more than 2 pages (double spaced) that addresses the following topics. The essay is given strong consideration in the decision making process.
  - Describe what motivated you to choose dentistry as your career.
  - Describe how an evidence based medical model applies to dentistry today.
  - What are your thoughts about solo practice and group practice dentistry.
Describe how your dental education affected your career goals and future employment interests.

Notification
Applicants will be notified by March 20th. The scholarship will be awarded at the ODC on Saturday, April 4th at the Oregon Convention Center during the OHSU Annual Alumni Awards Presentation and Social Reception. 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:

Willamette Dental Group Scholarship
c/o Office of Admissions and Student Affairs
OHSU School of Dentistry
Mail Code: SD-SA
2730 SW Moody Avenue
Portland, OR 97201-5042
Willamette Dental Group 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 Thursday, March 5th, 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 ☐ __________________

Date of Birth: ______/_____/____

Gender: Male ☐ Female ☐

Practice Area of Focus: (Please check all that you are interested in) Sole Practitioner ☐ Small Group Practice ☐ Large Group Practice ☐ Other ☐ __________________

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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**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**: __________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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**Feel free to also include an optional résumé or curriculum vitae.**

**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 Willamette Dental Group. 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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