



Southeastern Dental Hygienists' Association

Scholarship Application 2024

(In honor of Alice Fabrykiewicz, RDH & Carmel M. DiLione, RDH)

Applicant Name: _____

Home Address: _____

Phone: _____

E-mail (personal): _____

Date of birth: _____

Dental Hygiene School: _____

Degree program:

Associates: _____ Bachelors: _____ Masters: _____

Expected graduation date: _____ Current GPA: _____

Previous Education:

High School City, State: _____

Year graduated: _____

Previous College (if any): _____

Degree(s) Received: _____ Dates Attended: _____

List any other honors, awards, or scholarships received: _____

Final instructions:

- Submit resume or list of past work experience, leadership roles, and volunteer activities.
- Type BRIEF essay telling us what inspired you to go into dental hygiene and /or your objectives for personal & professional growth upon licensure.
- Send unofficial transcripts with most recent grades
- Have one (1) letter of recommendation sent

Signature: _____ Date: _____

Please return your application form with supporting data by **DEADLINE OF March 15, 2024** to:

Southeastern DHA, Attn: Kimberly Weekley RDH, 143 Phoenix Drive, Groton Ct. 06340

Questions? Email Kim at: webhoo2@yahoo.com