



Southeastern Dental Hygienists' Association

Scholarship Application 2025

(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, 2025 to:**

Southeastern DHA, Attn: Sharon Smith- Alling, RDH, 50 Home Place, Branford, CT 06405

Questions? Email Sharon at: sharonrdh@comcast.net