

Dental Hygiene Student Leadership Scholarship Application

Eligibility and Application Information

ELIGIBILITY

- 1. Awarded to one first or second year dental hygiene student from each dental hygiene program; CSN and TMCC.
- 2. The student must have satisfactory academic achievement; a grade of "C" or better in all required courses.
- 3. Must be a member of SADHA during first year; second year students must be a member for both years. Membership must be kept current throughout the school year.
- 4. Instructor(s) must choose 1 student from their school and submit a minimum, 1 paragraph essay as to why the student has been chosen to receive the award.

APPLICATION PROCESS

- 1. Applications to be available to CSN and TMCC on February 13th, 2025.
- 2. Application deadline is April 4, 2025.
- 3. The application should include
 - a. Completed application form
 - b. Instructor(s) essay
 - c. CSN or TMCC transcript (unofficial copy is sufficient)

FINAL CONSIDERATIONS

- 1. The essay should include
 - a. an assessment of leadership abilities, past and present
 - b. experience in community service or volunteerism
 - c. why the student is likely to take an active role in the Nevada Dental Hygienists' Association post graduation
- 2. The proper number of recipients will be chosen depending on the amount of funds available.

Email submissions to: Michelletrimbath@gmail.com
Please put in subject line: 2025 DH Student Leadership

Selection Committee

- 1. The NDHA Board of Trustees shall select the recipients of the award(s).
- 2. The Dental Hygiene Student Leadership Award will be presented at the TMCC/CSN Graduation/PinningCeremony.



Eligibility

- 1. First year or second year dental hygiene student of CSN or TMCC
- 2. Grade "C" or better in all required courses
- 3. Prefer Nevada resident
- 4. Must be a member of SADHA during first year; second year students must be a member for both years. Membership must be kept current throughout the school year.

Include with application

- 1. Essay (one paragraph minimum)
- 2. Transcript (unofficial copy sufficient)

Name		
Last	First	
Street Address		
City	State	Zip
Phone		
Nevada Resident? () Ye	es () No	
High School Attended:		
Name		
City	State	
College/University Atten	ded:	
Name		
City	State	From/To (Mo/Yr)
Other than this application to receive.	on, list scholarships or rewa	ards (grants) the student have receive