



## **2026-2027 higher education SCHOLARSHIP**

**AWARD DEADLINE** - September 30, 2026.

### **Award Information**

The Higher Education Scholarship Award recognizes and honors outstanding individual(s) in each of the two categories: *Undergraduate*: Adjunct instructor pursuing an undergraduate degree or *Graduate*: Instructor (adjunct or full-time) pursuing a graduate degree. Each recipient will receive one Scholarship from the FADE Scholarship Fund. In the event of no one applying for one of the scholarship categories, then the committee may choose to award two (2) scholarships in one category. (The fund allows \$900.00 total)

All current members of FADE are eligible to apply for the Higher Education Scholarship Awards. Past recipients are not eligible for three years since their last award. Winners will be notified by **November 1, 2026**, and award(s) will be presented via mail and recipients will be recognized at the FADE Annual Meeting.

All application packets (application form, photograph, professional summary, and resume) should be directly submitted via email, to Betsy Boggie with the email subject line reading *Undergraduate or Graduate* depending on which Award you are applying for. Official Transcripts and Letters of Reference will be mailed to:

**Betsy Boggie, FADE Scholarship Chairman**

boggiee@palmbeachstate.edu

**All application packets and letters of recommendation must be received by 8:00 AM September 30, 2026.** Applicants will receive an e-mail confirming that their packet has been received.

### **Eligibility**

- A person whose membership with FADE is current and had not been awarded previous FADE Scholarship within the last 3 years.
- A person who is currently enrolled in either an undergraduate or graduate program.
- All applicants must be employed as an adjunct or full-time instructor in a Florida Dental Hygiene, Florida Dental Assisting, or Florida Dental Laboratory Technology program.
- Recipients will be notified by November 1, 2026

### **Requirements**

1. A **completed application form**.
2. A **professional summary** addressing all professional activities, including your educational goals and how your attainment of this degree will meet those goals, descriptions of past leadership experience in dental or educational settings, and description of past community service experiences.
  - a. *\*\*Professional Summary* should be at least 500 words, Calibri font, 12 point, and double-spaced but no more than 1000 words.
  - b. If candidate has a Web-based electronic portfolio, please include the correct link in the Professional Summary section.
3. Two letters of reference.
  - a. **One** letter should be from school administration which also verifies that the candidate is a current adjunct or full-time instructor of a dental assisting, dental hygiene, or dental laboratory technology program.
  - b. The **second** letter should be from a professional colleague.
4. *Current Resume or Curriculum Vitae*
5. *Headshot Photograph (.jpg format) for use on the FADE Website*
6. Official transcript (for Undergraduate or Graduate Awards)

For questions, please contact Betsy Boggie at [boggiee@palmbeachstate.edu](mailto:boggiee@palmbeachstate.edu)

2026-2027

**Higher education SCHOLARSHIP AWARD**

**Application Form**

Please check the appropriate award that you are applying for:

☐ UNDERGRADUATE

☐ GRADUATE

|                     |  |            |     |
|---------------------|--|------------|-----|
| Last Name           |  | First Name |     |
| Title               |  | Email      |     |
| Address             |  | City       | Zip |
| Phone               |  | Fax        |     |
| College/Institution |  | Program    |     |

**Acknowledgement**

*My signature below acknowledges that the information contained in the application is true and factual. Also, if awarded, I hereby consent to having my photo posted on the FADE Website and published in any other official publication of the organization. I hereby authorize and consent to the forwarding and review of this information to the selection committee. I understand that my information will be reviewed by authorized members of the selection committee in evaluating me for one of the Higher Education Scholarship Awards.*

|                        |      |
|------------------------|------|
| Signature of Candidate | Date |
|------------------------|------|