



DENTAL TRADE ALLIANCE FOUNDATION | ROBERT J. SULLIVAN FAMILY FOUNDATION
DENTAL STUDENT SCHOLARSHIP
RECOGNIZING A COMMITMENT TO COMMUNITY SERVICE

DTAF Eligibility and Criteria

Purpose:

The Dental Trade Alliance Foundation (DTAF) and the Robert J. Sullivan Family Foundation announces the DTAF/ Sullivan Family Foundation Dentistry Scholarship. The purpose of this scholarship is to recognize and provide \$5,000 in financial support to a third or fourth year dental student who has demonstrated:

- academic excellence in dentistry;
- financial need; and
- a commitment to community service.

Overview:

Each year the DTAF will select two third or fourth year dental students to receive a \$5,000 scholarship to be applied towards tuition and fees. Each U.S. dental school dean may nominate one student from their school.

All applications from each dental school must be submitted by the dean's office. (Applications sent individually by the applicant will not be considered).

Criteria for eligibility are determined by the applicant's demonstrated financial need, academic standing, and history of charitable work. Applicants must be entering their third or fourth year of a dental school accredited by the Commission on Dental Accreditation.

Eligibility Requirements:

An applicant must:

- be enrolled in an accredited U.S. dental school as a full-time student;
- be in good academic standing with the university;
- demonstrate financial need, as determined by the university's Financial Aid office;
- demonstrate, through personal activities, a strong interest in charitable work and community service; and
- be nominated by the dean of their dental school or the dean's designate (no more than one nomination from each school).

APPLICATION PROCESS CHECKLIST

Submit the following 3 documents*:

- completed and signed DTAF scholarship Application form;
- summary report, not to exceed three double-spaced pages, of the student's achievements and activities in community service; and
- student's curriculum vitae (use required CV form provided by the DTAF).

*All applications must be sent directly from the dean's office.

Authorized Signatory:

The completed application must be signed by the Dean of the Dental school or their designee.

Submission:

All application materials must be submitted simultaneously by 03/09/2012 (either via mail or electronically via email). Incomplete applications will not be considered.



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DTAF Scholarship Application Form

As the Dean (or Dean's designate) of _____, I do hereby attest & confirm
(dental school name)
 that _____ meets the following 2012 DTAF/Robert J. Sullivan
(student's full name)
 Family Foundation Dental Student Scholarship Recognizing a Commitment to Community Service requirements:

- full time third or fourth year dental student enrolled at _____
(dental school name)
- currently in good academic standing at the university;
- has a demonstrated need for financial support, as determined by the university's Financial Aid office;
- has demonstrated, through personal activities, a strong commitment to community service.

Dean (or Dean's Designate): _____
Please print (first name) (middle initial) (last name)

Title: _____
Please print (Dean or Dean's Designate)

Signature: _____

Dental School: _____

Address: _____

City / State / Zip Code: _____

Email: _____ **Phone:** _____

Student's Name: _____
Please print (first name) (middle initial) (last name)

Address: _____

City / State / Zip Code: _____

Email: _____ **Phone:** _____

THE DEADLINE FOR THE 2012 SCHOLARSHIP APPLICATION IS 03/09/2012.

The following 3 documents must be submitted as one packet for consideration:

- Signed DTAF scholarship application form.
- Summary report, not to exceed three double-spaced pages, of the student's achievements and activities in community service and preventive dentistry.
- Student's curriculum vitae form.

Submit applications electronically or by mail.
 Forms can be scanned and sent electronically to lauradoyle@dtafoundation.org.
 If forms are submitted electronically, please send them as an attachment to one email.

-OR-

Mail paper applications to:
 Laura Fleming Doyle, Executive Director
 Dental Trade Alliance Foundation
 2300 Clarendon Blvd. Suite 1003
 Arlington, VA 22201

Notification Date and Award Announcement: Scholarship recipient will be notified on or before 05/15/2012.

Questions? Call Laura Fleming Doyle at 703-379-7755



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DTA Scholarship Curriculum Vitae Form

Name (first, middle initial, last) : _____

Street address, City, State, Zip Code : _____

Email : _____ Phone: _____

OBJECTIVE

Describe your career goal or ideal job:

COMMUNITY SERVICE

List your community service project(s)

Project: _____

Dates of project: _____ City, State: _____

Job responsibility/achievement:

Project: _____

Dates of project: _____ City, State: _____

Job responsibility/achievement:

Project: _____

Dates of project: _____ City, State: _____

Job responsibility/achievement:

EDUCATION

School name: _____ City, State: _____

Dates of attendance: _____

Degree obtained: _____

Special award/accomplishment or degree minor: _____

School name: _____ City, State: _____

Dates of attendance: _____

Degree obtained: _____

Special award/accomplishment or degree minor: _____