

## **Student Spouse Scholarship Guidelines**

For Conference 2012, the Alliance of the American Dental Association (AADA) has Scholarships available to Student Spouse Members, who are spouses of members of the American Student Dental Association (ASDA) or Student Contributing Members, who have previously attended a Conference. The scholarships, provided by the ADA Insurance Plans underwritten by Great-West Life, will provide up to six hundred dollars (\$600) for travel and lodging costs, and will include complimentary registration and non-transferable tickets to several events. The focus of this scholarship program is to prepare the recipient for further involvement in dental health education, legislative activities and leadership positions as they continue their membership in the Alliance.

**Deadline for submission is January 16, 2012.** The scholarships will be judged and awarded by February 1, 2012. A committee comprised of AADA Trustees, the AADA Vice President, and a representative from Great-West Life will judge the applications.

### **Criteria for Application:**

1. The applicant must be a Student Spouse Member, who is the spouse of a member of the American Student Dental Association (ASDA) or a Student Contributing Member.
2. The applicant must have attended an AADA conference in the past.
3. The applicant must be willing to utilize the skills they gained during the Conference to continue to serve the Alliance.
4. The Scholarship can be awarded only once to each recipient.

### **Conditions of Scholarship Acceptance:**

1. The recipient must attend all official conference related functions of the AADA Conference 2012:
  - First Time Attendee Meeting/Orientation
  - Opening Assembly/ Membership/Well-Being Workshop
  - Carlos Museum Reception
  - Dental Health Education Workshop
  - District Luncheon
  - Learning Workshops
  - Legislative Advocacy/ADPAC Breakfast
  - Beulah K. Spencer Dinner
2. The recipient must submit a typed report of their experience at conference and original receipts (no points or frequent flyer miles) for expenses to the AADA Treasurer within 30 days following Conference 2012, *and at that time, a check will be issued to the scholarship recipient.*
3. The recipient's report may be published in *KEY* or a state or local alliance or dental publication.
4. Since the recipient has attended a previous conference, they will be expected to mentor a first time attendee and assist them during the conference.
5. The recipient will register for Conference 2012 upon notification of being awarded the Scholarship.

### **Please attach the following to this application:**

1. Personal statement. In no more than one typed page, tell us:
  - Why you want to attend this conference?
  - What you hope to benefit from attending and how it will support the Alliance?
  - Why you feel you should be selected?Please include any factors you consider relevant to the Committee's decision; i.e., you are a new board, council or committee member or have committed to serving on a board, council or committee at the local, state, and/or national level during the next year; you have been responsible for a retention and/or recruitment program; you have managed or participated in a dental health education project; or you are a Member-At-Large (a member without a constituent or component) who has not had an opportunity to serve in any board position, but have or plan to actively participate in the areas of legislative advocacy or dental health education, etc.
2. A summary of your Alliance volunteer experience at the local, state, and/or national level, including positions you have held.
3. List any financial assistance you may receive from your local or state alliance.

## **Student Spouse Scholarship Application**

The AADA Conference 2012 Student Spouse Scholarship Program is generously sponsored by the ADA Insurance Plans underwritten by Great-West Life. This scholarship is awarded to Student Spouse Members, who are spouses of members of the American Student Dental Association (ASDA) and Student Contributing Members who have attended Conference in the past. The scholarship includes complimentary registration and non-transferable tickets to several activities, and reimburses recipients up to six hundred dollars (\$600) for travel and lodging. **Recipients are required to attend all official conference activities and to submit a conference report.** Scholarship recipients are selected by a committee comprised of the AADA Trustees, the AADA Vice President, and a representative from Great-West Life. Scholarships are awarded to applicants based on potential contributions to AADA based on the information provided on the application, and if necessary, on a first-come, first-served basis. **Please review the Student Spouse Scholarship Guidelines for details. This scholarship can be awarded only once to each recipient.**

**Scholarship applications must be postmarked or received via fax or e-mail by January 16, 2012.**

### **Applicant information:**

Name \_\_\_\_\_ AADA Member Since \_\_\_\_\_

Spouse's Name \_\_\_\_\_ ASDA Member Since \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail** \_\_\_\_\_

### **Previous AADA Conferences attended:**

\_\_\_\_\_

### **Please attach the following to this application:**

1. Personal statement. In no more than one typed page, tell us why you want to attend this conference, what you hope to benefit by attending, how it will support the Alliance, and why you feel you should be selected. Please include any factors you consider relevant to the Committee's decision; i.e., you are a new board, council or committee member or have committed to serving on a board, council or committee at the local, state, and/or national level during the next year; you have been responsible for a retention and/or recruitment program; you have managed or participated in a dental health education project; or you are a Member-At-Large (a member without a constituent or component) who has not had an opportunity to serve in any board position, but have or plan to actively participate in the areas of legislative advocacy or Dental Health Education, etc.
2. A summary of your Alliance volunteer experience at the local, state, and/or national level, including positions you have held.
3. List any financial assistance you may receive from your local or state alliance.

### **Send this form through either:**

**MAIL:**

Alliance of the ADA  
211 East Chicago Avenue, Suite 730  
Chicago, IL 60611

**FAX:**

312.440.2587

**E-MAIL:**

trish@AllianceADA.org

**Questions?** You may call Trish at the AADA Central Office: 800.621.8099 EXT 2865 or 312.440.2587