



Alliance of the American Dental Association

Conference 2010 – April 16-18, 2010

Student Spouse Scholarship Application

The AADA Conference 2010 Student Spouse Scholarship Program is generously sponsored by the ADA Insurance Plans underwritten by Great-West Life. This scholarship is awarded to student spouse Alliance members, who are spouses of members of the American Student Dental Association (ASDA) and 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 Guidelines for details.** You may direct your questions to Trish at the AADA Central Office – (800) 621-8099 EXT 2865.

Scholarship applications must be postmarked or received via fax or e-mail by January 15, 2010.

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 from attending and 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 Senior Smiles project; or you are a MAL 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.
4. This scholarship can be awarded only once to each recipient.

Mail, Fax, or E-Mail this form to:

Alliance of the ADA
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Chicago, IL 60611

Fax: (312) 440-2587
manager@AllianceADA.org