

Smile with Heart Foundation Scholarship Program

The Smile with Heart Foundation believes that the development of oral health professionals is essential in its quest to educate and improve the oral health of uninsured and underserved children in the US and around the world. The program provides scholarships to Dental, Dental Hygiene, Expanded Functions Dental Assistant and Certified Dental Assistant Students. Scholarships in the amount of \$1,000 to \$5,000 will be awarded based on need, leadership, community service and scholastic achievement. Scholarship amounts vary depending on funder of scholarship. Please refer to each scholarship description for details.

What is the intent of the scholarship?

The intent of this SWH Foundation Scholarship Program is to support students as they pursue their academic training in the field of dentistry. The scholarship award is designated for tuition, fees, books, and supplies for classes required to earn their degree or certificate. Awards are paid directly to the school or institution.

Who can apply?

Scholarships are open to student members who have been accepted or enrolled into an accredited dental, dental residency, dental hygiene, EFDA or certified dental assisting program in OH, PA, MI, FL, IN, TN, NY, GA, MD, WV, IL, TX, CT, MA, NJ.

How does one apply?

The attached application form must be submitted to the Smile with Heart Foundation at the address listed at the bottom of this page. Applications are received May 1 through May 31st and November 1- November 30th. The application must be typed and submitted in English.

How will the scholarships be awarded?

The Scholarship Committee of the SWH Foundation will review each application based on the following:

- Financial Need
- Community Service (i.e. volunteer efforts in school, medical facilities, church, etc.)
- Leadership Skills
- Scholastic Achievement

What is the timing of the scholarship program?

For each academic year, applications are accepted and awarded twice a year. They must be postmarked no later than the last day of the month in which they are accepted. The award decisions will be final and communicated to all applicants

Return Application to:

Smile with Heart Foundation-Scholarship
11 S. Mill St. Ste 200, New Castle, PA 16101
or by email to: info@smilewithheartfoundation.org (preferred)
For more information call: 724-698-2551 Fax 833-615-1227

Smile with Heart Foundation Scholarship Program

SCHOLARSHIP APPLICATION INSTRUCTIONS

Thank you for applying to the Smile with Heart Foundation Scholarship Program. You may be eligible to receive an award if you meet all program requirements.

Eligibility Requirements

To be considered you must:

- Be accepted or enrolled in an accredited dental program, dental hygiene program, certified dental assisting program or EFDA program in OH, PA, MI, FL, IN, TN, NY, GA, MD, WV, IL, TX, CT, MA, NJ
- Must have financial need and be able to demonstrate the need with required documents
- Be a full-time student during the academic year for which you are applying.
- Have a minimum average grade point of 3.0 on a 4.0 scale or be in good academic standing at your school if your dental program does not provide a GPA.
- Must be a US Citizen
- Not have been a previous recipient of a SWH Scholarship in the category of your application.

Please read all materials carefully. It is YOUR responsibility to ensure that ALL the necessary materials are received at the SWH Foundation office by the deadline.

Scholarship Application requirements and Deadlines

- The application will be evaluated based on need, community service, leadership skills and scholastic achievement. Materials must be typed and in English. Handwritten applications will be disqualified.
- You must submit your completed application to the SWHF postmarked or emailed no later than the last day of the scholarship acceptance window. (May 31st and November 30th)
- The Verification form must be sent directly from the school to the SWHF postmarked or emailed no later than May 31st or November 30th. (Remember you are to complete the top portion of the Verification Form.)
- A recommendation letter from a clinical or faculty member or a healthcare professional.
- The award decisions will be communicated to all applicants by July 15 and Jan 15.
- As part of the application you are required to write an essay (250 word maximum) outlining your why you chose dentistry and your future aspirations. Parts of or your complete essay may be used in SWHF publications. Submission of this application gives your approval for said use.
- This application also gives approval to post your picture and testimony to the Smile with Heart Foundation website.

FAILURE TO ALL THE REQUIRED DOCUMENTS AND COMPLETED FORMS LISTED ABOVE BY THE APPROPRIATE DEADLINE DATE WILL RESULT IN REJECTION OF YOUR ENTIRE APPLICATION.

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APPLICATION

Please read all instructions carefully before completing application. All applications must be typed.

Scholarship you are applying for: _____

A. General Information

Full Name: _____

Mailing Address: _____

Cell Phone #: _____

Email (personal): _____ Email (school): _____

Permanent Address: _____

B. Program

I will be enrolled in the following program for the _____ Semester _____ Year

DENTAL: DDS DMD DENTAL HYGIENE EFDA DENTAL ASSISTING:

School (note year in school): _____

Dean/Program Director Name: _____

Dean/Program Director email: _____

Dean/Program Director telephone: _____

C. Education (Dental Applicants – list main College and Dental Schools attended).

From: _____ To: _____ Degree Earned: _____

School: _____

From: _____ To: _____ Degree Earned: _____

School: _____

Important: You must type on this form. If additional space is necessary, please include a separate page clearly marked.

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D. Community Service and Volunteer Activities

List student, professional association, community-based research, mission trips and/or volunteer experiences (with dates of participation) that include up to 10 activities.

Date/Name of Organization/ Brief Description of Activity: _____

E. Leadership

List any Leadership positions (with dates of participation) you have held while in or leading up to your dental program, or any other examples or your personal leadership experiences List up to 5 total:

Date/Name of Organization/Position(s) Held

1. _____
2. _____
3. _____
4. _____
5. _____

F. Financial

To demonstrate financial need the following documents must be submitted with your application

1. A copy of your FAFSA form (for students enrolled in college) Dentist and Hygiene
2. Financial Aid letter (if applicable) Dentist and Hygiene
3. Most recent tax return (EFDA, CDA Dentist, Hygiene)
4. Most current W2 (EFDA and CDA Hygiene, Dentist)
5. 3 most recent pay stubs (EFDA and CDA Hygiene, Dentist)

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PROGRAM/SCHOOL VERIFICATION

Section to be completed by Applicant (please type):

I hereby authorize the release of my school's acceptance information to the Smile with Heart Foundation.

Name of Applicant: _____

Address: _____

I have been accepted in a dental, dental hygiene, expanded functions dental assistant or certified dental assisting program at the following school:

Applicant Signature _____ Date: _____

Section to be completed by Program Director (please type):

A. Program Director's Name: _____

Phone: _____

Email: _____

Name of School: _____

School Address: _____

Dean/Program Director Signature: _____ Date: _____

(Requires School Verification and Stamp)

Program Director: Please continue to next page.

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B. Please provide the following information to assist us in evaluating this candidate.

Has the Applicant been accepted or enrolled in your institution?

YES NO Term Year/Semester _____

What is the anticipated date of completion for this applicant from this program?

Month/Year: _____

Degree Program

Dental: DDS or DMD Graduate Dental Program

Dental Hygiene/EFDA/ Certified Dental Assistant: Baccalaureate Associate Certificate

Academic Background

Dental Student Applicant: GPA and Rank _____ on a 4.0 scale

Dental Hygiene/EFDA/ Certified Dental Assistant: GPA _____ on a 4.0 scale

If institution does not use the GPA or ranking, is the student on track for graduation?

Yes No

Thank you for your cooperation in promoting excellence in the oral health care professions.

Fax verification to:

833-615-1227 or email to Programs@smilewithheart.org

Please type SCHOLARSHIP in the subject line