

**Dental Hygiene Program (DHP)**  
**College of Applied Sciences and Arts (ASA)**  
**Southern Illinois University Carbondale**

**2018 DENTAL HYGIENE PROGRAM TUITION WAIVER SCHOLARSHIP**  
**APPLICATION**

Award Amount – TBD (based on funding made available (non-renewable))

Type in your personal and program/degree information, print, *Sign*, and return ALL application materials to the address below by the Application/Submission due date.

**DUE December 2018 and July 2019**

1. Name:	
2. SIUC DawgTag #:	3. SIUC Email Address:
4. Mailing Address:	
5. Telephone (Home):	(Mobile):
6. Number of Semester Hours Completed in Major:	
7. Number of Semester Hours Currently Enrolled In:	
8. SIUC Grade Point Average:	
9. Year in School (Freshman, Junior, etc.):	
10. Participation and positions held in student/professional organizations, community organizations, and volunteer service ( <i>attach page if necessary</i> ):	
11. Certifications held or other specific skills related to the major ( <i>attach page if necessary</i> ):	
12. Financial Aid Received for Fall 18/Spring 19 and Amounts ( <i>Type in an "X" for No or None or provide Amount(s) received in the fields provided below</i> ):	

None: \_\_\_\_\_

NO FASFA Form on file: \_\_\_\_\_

Pell: \$ \_\_\_\_\_

MAP: \$ \_\_\_\_\_

Direct Student Loans \$ \_\_\_\_\_  
ASA Scholarship \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Additional Application Requirements:**

The applicant will attach a one-page typewritten summary of their personal goals and objectives, as well as a statement regarding why they feel they are deserving of a tuition wavier scholarship.

**CERTIFICATION/TUITION WAVIER STATEMENT:**

I attest that the above information is true and accurate. I understand that any information found to be untrue or inaccurate may disqualify me from consideration, and I may be required to forfeit the award. If this statement is not signed and all supportive materials (as needed) are not provided as stated above, the application will be considered incomplete and not considered for this award.

As an applicant for or recipient of a tuition wavier award from Southern Illinois University Carbondale, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition wavier is in effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***MAIL THIS SIGNED APPLICATION AND ALL SUPPORTIVE DOCUMENTS TO:***

Shelly File  
Dental Hygiene Mailcode 6615  
School of Allied Health  
Southern Illinois University  
Carbondale, IL 62901

(Adapted use from ISAT/ASA Fall 2014)