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Scholarship Committee

[www.ANDAnow.com](http://www.ANDAnow.com)

## The Auxiliary to the National Dental Association Scholarship Application Guidelines

The Auxiliary to the National Dental Association (ANDA) offers scholarships to *financially* and *academically* deserving dental students during the Annual National Dental Association (NDA) Conventions. Students should meet the following criteria:

- 1) Student should be currently matriculated as a second or third year dental student.
- 2) Student must be recommended for financial assistance by the school (a **letter from the Financial Aid Officer is required**).
- 3) Student must be in good **academic** standing.
- 4) Student must be a **citizen of the United States** of America.
- 5) Student must include a **passport-sized picture** on the application.
- 6) Student must be a **member** of and provide documentation of **Student National Dental Association** (SNDA) membership.

Attached is the application form students must complete. Applications must be **returned no later than July 1, 2017** to be considered. The committee will select one recipient who will be notified following the National Dental Association's Annual Convention in late July, as well as with an acknowledgement letter from ANDA's President no later than the end of August 2017.

Please contact the ANDA Scholarship Committee for additional information.

- Lenora Peters Gant, [petegant@comcast.net](mailto:petegant@comcast.net)
- Charlene Bowden, [cbowden71@msn.com](mailto:cbowden71@msn.com)
- Glenna Livingston, [qdliving57@gmail.com](mailto:qdliving57@gmail.com)

Applications and supporting documents can be emailed or mailed to:  
Dr. Lenora Peters Gant  
ANDA SCHOLARSHIP COMMITTEE  
703 Coffren PI  
Upper Marlboro, MD 20774

Sincerely,

*Lenora Peters Gant* (electronically signed)  
Lenora Peters Gant, Ph.D.  
President, Auxiliary to the National Dental Association

# The Auxiliary to the National Dental Association Scholarship Application

Scholarships are awarded to students in their second or third year of dental school. Students must be recommended by his or her respective school as needing financial assistance and maintaining good academic standing. Please complete all questions fully and return no later than July 1, 2017 by U.S. mail to Dr. Lenora Peters Gant, ANDA SCHOLARSHIP COMMITTEE, 703 Coffren PI Upper Marlboro, MD 20774 or email to: Dr. Lenora Peters Gant, [petegant@comcast.net](mailto:petegant@comcast.net).

Social Security # \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_ No. of Siblings \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Undergraduate School \_\_\_\_\_ Location \_\_\_\_\_  
Dental School \_\_\_\_\_ Location \_\_\_\_\_  
Year 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
Member Student National Dental Association? \_\_\_\_\_ Number of Years? \_\_\_\_\_

## REFERENCES

School Financial Aid & Professor (Attach letters)

## PERSONAL STATEMENT

Reason for applying for this scholarship, goals after graduating from dental school. (Attach addition page if needed)

I certify that all information provided on this application is true.

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