

**TEXAS DENTAL ASSISTANTS ASSOCIATION
LOIS K. SOLOMON SCHOLARSHIP APPLICATION**

SCHOLARSHIP INFORMATION

The Texas Dental Assistants Association (TDAA) will annually award scholarships in the amount of, no less than \$100.00 at the Annual Session of the Texas Dental Assistants Association.

The applicant must meet the following eligibility requirements:

1. The applicant must be currently enrolled in a Texas ADA accredited (CODA) or a State of Texas Licensed/Accredited Dental Assisting Program of at least three (3) months duration (600 hours of clinical and didactic instruction).
2. The applicant must be a current member of the American Dental Assistants Association (ADAA), the Texas Dental Assistants Association (TDAA) and his/her Local Society, if applicable.
3. The applicant must submit the following information:
 - A. Completed, typed or clearly printed scholarship application (2 pages)
 - B. A letter of recommendation from an Educator or Dental Professional.
 - C. Unofficial grade transcript.
 - D. Proof of ADAA student membership i.e.: copy of student membership card or a copy of the check from the instructor or a copy of a money order showing payment of dues.
4. The applicant must agree to use the award for the course of dental assisting and no other field of study. If this condition is not met, the entire amount will be refunded to the TDAA.

Submit the application by March 31, 2022 to the TDAA Scholarship Committee by email or:

e-Mail To: (mgardun2@epcc.edu)

**TEXAS DENTAL ASSISTANTS ASSOCIATION
LOIS K. SOLOMON SCHOLARSHIP AWARD APPLICATION**

Name: _____ Email _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

College: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Anticipated date of graduation: _____

GPA in courses toward Dental Assisting degree: _____

Describe any scholarship awards or loans you have received:

Extracurricular activities:

Community involvement:

Honors or awards:

LOIS K. SOLOMON SCHOLARSHIP APPLICATION (CON'T)

Describe your strengths, which will contribute to success in Dental Assisting:

Describe your professional goals, including how obtaining this scholarship will help in achieving your goals as a dental assistant:

List work experience (related to the health care profession):

I authorize investigation on all statements contained in this application. I understand that misrepresentation or omission of facts is cause for disqualification. I also understand that I will accept this scholarship with the condition that it be used for the study of dental assisting. Any other use will constitute a refund to TDAA.

Signature

date