The Auxiliary to the National Dental Association
2019 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 to 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 May 31, 2019 to be considered. The committee will select recipient(s) 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 2019.

Please contact the ANDA Scholarship Committee for additional information.

- Lenora Peters Gant, PHD, petegant@comcast.net
- Glenna Livingston, gdliving57@gmail.com

Applications and supporting documents can be emailed or mailed to:

Dr. Lenora Peters Gant
petegant@comcast.net
ANDA SCHOLARSHIP COMMITTEE
703 Coffren Pl
Upper Marlboro, MD 20774

Sincerely,

Lenora Peters Gant (electronically signed)
Lenora Peters Gant, Ph.D.
Vice-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 May 31, 2019 by U.S. mail to Dr. Lenora Peters Gant, ANDA SCHOLARSHIP COMMITTEE, 703 Coffren Pl, Upper Marlboro, MD 20774 or email to: Dr. Lenora Peters Gant, 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 (Forward the two letters with the application)
1. School Financial Aid Officer/Director (1 Letter)
2. Dental Professor or Dean (1 Letter)

PERSONAL STATEMENT
Reason for applying for this scholarship, goals after graduating from dental school.
(Attach 1 page only. Please include your name and date at top of page.)

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

Signature ____________________________ Date ____________________