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Glenna Livingston
Scholarship Committee

**The Auxiliary to the National Dental Association
2019 Scholarship Application Guidelines**

The Auxiliary to the National Dental Association (ANANDA) 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 ANANDA's President no later than the end of August 2019.

Please contact the ANANDA 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
ANANDA SCHOLARSHIP COMMITTEE
703 Coffren PI
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 PI, 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 _____