Pennsylvania Dental Hygienists' Association
Margaret A. Bailey and Clark J. Hollister Scholarships
Application

Name:_____

Mailing Address: _____

_____

Telephone Number: ( )_____

Birthday:_____

Email Address: _____

School you will be attending this Fall:_____

In the Fall, I will be enrolled in the following degree program:
☐ Certificate/Associate ☐ Baccalaureate ☐ Baccalaureate Degree Completion
☐ Master's ☐ Doctoral

Are you paying for your schooling completely?_____
partially?_____

What is your anticipated graduation date? _____

Are you a SADHA or ADHA member? _____ Member # _____

I herby certify that the information given above is complete and correct to the best of my knowledge.

_____
Signature Date