

Dental Hygiene Program (DHP)
College of Health and Human Sciences (CHHS)
Southern Illinois University Carbondale

**2022 DENTAL HYGIENE PROGRAM TUITION WAIVER SCHOLARSHIP
APPLICATION**

Award Amount – TBD (based on funding made available (non-renewable))

**Type in your personal and program/degree information, print, Sign, and return ALL
application materials to the address below by the Application/Submission due date.**

DUE August 1, 2022

1. Name:

2. SIUC
DawgTag #: _____

3. SIUC Email
Address: _____

4. Mailing
Address: _____

5. Telephone
(Home): _____

(Mobile): _____

6. Number of Semester Hours Completed in
Major: _____

7. Number of Semester Hours Currently
Enrolled In: _____

8. SIUC Grade Point Average: _____

9. Year in School (Freshman, Junior, etc.): _____

10. Participation and positions held in student/professional organizations, community
organizations, and volunteer service (*attach page if necessary*):

11. Certifications held or other specific skills related to the major (*attach page if
necessary*):

12. Financial Aid Received for Fall 22/Spring 23 and Amounts (*Type in an "X" for No or*

None or provide Amount(s) received in the fields provided below):

None: _____

NO FASFA Form on file: _____

Pell: \$ _____

MAP: \$ _____

Direct Student Loans \$ _____

ASA Scholarship \$ _____

Other: \$ _____

Additional Application Requirements:

The applicant will attach a one-page typewritten summary of their personal goals and objectives, as well as a statement regarding why they feel they are deserving of a tuition wavier scholarship.

CERTIFICATION/TUITION WAIVER STATEMENT:

I attest that the above information is true and accurate. I understand that any information found to be untrue or inaccurate may disqualify me from consideration, and I may be required to forfeit the award. If this statement is not signed and all supportive materials (as needed) are not provided as stated above, the application will be considered incomplete and not considered for this award.

As an applicant for or recipient of a tuition waiver award from Southern Illinois University Carbondale, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect.

Signature: _____ Date: _____

MAIL THIS SIGNED APPLICATION AND ALL SUPPORTIVE DOCUMENTS TO:

Shelly File
Dental Hygiene Mailcode 6615
School of Health Sciences
Southern Illinois University
Carbondale, IL 62901

(Adapted use from ISAT/ASA Fall 2014)