



Hu-Friedy Scholarship Application

I. General Information: *(Please type all information)*

A. Chapter Name: _____

B. Name of School: _____

C. Accreditation Status: _____

D. Applicant Name(s) (Faculty, Charter, or Alumni):

E. Applicant Address: _____

F. Applicant Phone: _____

G. Applicant E-mail: _____

H. Copy of Current Bylaws on file with National Chapter (please attach):

YES _____ NO _____

I certify that the information I have provided on this form is true and correct:

Signature: _____ **Date:** _____

Please return the completed application to: Angie Garner, SPA Executive Secretary

II. (Please type all information, leaving out information that identifies the chapter/school)

A. Why do you wish to receive this scholarship?

B. How do you plan to use the Hu-Friedy Associated Products?

C. Describe two characteristics in your chapter that make you stand out above other qualified scholarship applicants.

1.

2.

D. How has your component chapter contributed to the profession of dental hygiene and Sigma Phi Alpha's goals in the following areas:

Leadership?

Scholarship?

Service?