

MINNESOTA STATE UNIVERSITY, MANKATO
Department of Dental Hygiene

Directions for Completing MSU Financial Need Scholarship Applications

1. Complete a **separate** "Scholarship Application" -- found on page 3
 - **Permanent** address as well as **local** address must be included.
2. The Statement of Need Letter is to be typed, double spaces, Times New Roman, Size 12 font. Remember to use spell check ☺

Statement of Need to address the following:

**Please use complete sentences and explain each of the criteria listed below.
Yes/No answers do not provide valid evidence.**

- Applicants provide **evidence of funding at least 50%** of their education themselves
 - Applicant's current student debt (provide evidence)
 - Applicant's **most currently** held job and list of work history (part time employment is OK)
 - Are you currently employment? Where, how many hours etc.
 - How would receiving the alumni scholarship award positively impact your academic success? (Be specific)
- 3 Please deliver to the Department of Dental Hygiene office.

Attention: Lynnette M. Engeswick, Chair
Minnesota State University, Mankato
Department of Dental Hygiene
3 Morris Hall
Mankato, MN 56001

4. All Scholarship applications are due by **Noon, Monday, March 2, 2009.**
5. Place all of your materials in **one large** sealed manila envelope.
6. **No late submissions will be honored.**
7. Scholarship recipient(s) will be notified at the April 17, 2009 Pinning and Awards Ceremony.

~ Junior award will be in the form of dental hygiene instruments based on annual available funds as determined by candidate application and selected by a panel of dental hygiene faculty as representative for Dr. Deborah O. Strand

Recipient is required:

- Complete Thank you letter to the donor.
- Lynnette will mail to donor.

Failure to send a Thank you to Dr. Strand will void scholarship award.

MINNESOTA STATE UNIVERSITY, MANKATO
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Dr. Deborah O. Strand Scholarship Application

Name _____ Date _____

Social Security # _____ Total Current Debt _____

Permanent Address _____ Local Address _____

Permanent Phone # _____ Local Phone # _____

Career GPA _____ Dental Hygiene GPA _____

(Please attach a current copy of your un - official transcript)

Hometown Newspaper and Address

If awarded a scholarship/award, I give the Department of Dental Hygiene permission to release this information to my hometown newspaper. Yes _____ No _____

Upon announcement of the scholarship award, I understand that I must submit a handwritten Thank you note to the donor in an addressed and stamped envelope to the Chair of Dental Hygiene. The scholarship will be processed following completion of this step.

I agree _____

Signature

Date