



AMERICAN
DENTAL
EDUCATION
ASSOCIATION

2012 ADEA Awards, Scholarships, and Fellowships Application

See the online announcements for eligibility requirements and application procedures. Applications that are either incomplete or received after a due date will not be accepted or considered.

THIS FORM IS A FILLABLE PDF. PLEASE COMPLETE ELECTRONICALLY. DO NOT HAND WRITE.

Please check the appropriate box for the award, scholarship, or fellowship for which you are applying.

- ADEA/ADEA Council of Students, Residents, and Fellows/Colgate-Palmolive Co. Junior Faculty Award
- ADEA/Alpha Omega Foundation/Leonard Abrams Scholar in the ADEA Leadership Institute
- ADEA/Colgate-Palmolive Co. Allied Dental Educators Fellowship
- ADEA/Colgate-Palmolive Co. Excellence in Teaching Award
- ADEA/Colgate-Palmolive Co./National Dental Association Dr. Jeanne C. Sinkford Scholar in The ADEA Leadership Institute
- ADEA/Crest Oral-B Scholarship for Dental Hygiene Students Pursuing Academic Careers
- ADEA/Crest Oral-B Scholarship for Predoctoral Students Pursuing Academic Careers (**NEW**)
- ADEA/International Federation of Dental Educators and Associations Orna Shanley Prize
- ADEA/Johnson & Johnson Healthcare Products Enid A. Neidle Scholar-in-Residence Program
- ADEA/Johnson & Johnson Healthcare Products Preventive Dentistry Scholarships
- ADEA/Sigma Phi Alpha Linda DeVore Scholarship
- ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship
- ADEA/William J. Gies Foundation Education Fellowship
- ADEA/William J. Gies Foundation Dental Research Scholarship

APPLICANT INFORMATION

All applicants must be Individual Members of ADEA to be eligible. Please type all fields directly onto this application.

ADEA membership number _____ Year in school (if applicable) 1 2 3 4 5

First name _____ Middle Initial _____ Last name _____

Institution _____ Title (if applicable) _____

Department _____

Applicant's home address _____

City _____ State/province _____ Postal code _____

Telephone _____ Email address _____

Applicant's signature _____ Date signed _____

AUTHORIZED SIGNATORY

This application is not complete without an authorized signature. See the award description for more details about authorized signatories. Applications without the proper signature will be returned.

Name of authorized signatory _____ Title _____

Office address _____

Email address _____ Telephone _____

Authorized signature _____ Date _____

*All awardees are strongly encouraged to attend the 2012 ADEA Annual Session & Exhibition in Orlando, Florida, March 17 – 21, 2012.