



THE VOICE OF  
DENTAL EDUCATION

## 2019 ADEA Awards, Scholarships and Fellowships Application

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

**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 Enid A. Neidle Scholar-in-Residence Program

For information on how to apply for other ADEA awards, scholarships and fellowships, please visit [www.adea.org](http://www.adea.org).

### 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 \_\_\_\_\_

Awardees are strongly encouraged to attend the 2019 ADEA Annual Session & Exhibition in Chicago, IL, March 16–19, 2019.