



THE VOICE OF  
DENTAL EDUCATION

## ADEA Legislative Fellowship and Internship Application

Applications that are incomplete will not be accepted or considered.

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

- ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship  
 ADEA/Sunstar Americas, Inc. Jack Bresch Student Legislative Internship

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 \_\_\_\_\_

## APPLICATION INSTRUCTIONS

### ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship

#### Eligibility Requirements

An applicant must:

- Be a full-time faculty member or administrator at an ADEA Member Institution.
- Be an ADEA Individual Member.

#### Application Process Checklist

Submit the following:

- ✓ The completed [ADEA Awards, Scholarships, and Fellowships Application form](#).
- ✓ A personal statement describing what the applicant anticipates from the fellowship, how the fellowship will benefit the applicant's institution, and the applicant's relevant experience.
- ✓ A letter of recommendation from the applicant's dean or chief institutional officer endorsing the candidate and specifying the institution's commitment to pay the candidate's salary and fringe benefits for the duration of the ADEA residency experience.
- ✓ A current curriculum vitae.
- ✓ Two confidential letters of recommendation mailed directly to ADEA.

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### ADEA/Sunstar Americas, Inc./Jack Bresch Student Legislative Internship

#### Eligibility and Requirements

An applicant must:

- Be a full-time predoctoral, allied, or advanced dental student, resident or fellow whose institution is willing to work with the student to identify and appropriate time, consisting of six weeks during the school year, to pursue the internship.

#### Application Process Checklist

Submit the following:

- ✓ The completed [ADEA Awards, Scholarships, and Fellowships Application form](#).
- ✓ A personal statement describing what the applicant anticipates from the internship, how the internship will benefit the applicant's institution, and the applicant's relevant experience.
- ✓ A current curriculum vitae.
- ✓ Two confidential letters of recommendation mailed directly to ADEA.

## SUBMISSION INFORMATION

#### Return completed applications to:

Ryne Chua  
Program Manager for Advocacy and Governmental Relations  
ADEA  
655 K Street NW  
Suite 800  
Washington, DC 20001

**Applications that are incomplete will not be accepted or considered.**

Please contact Ryne Chua at 202-289-7201, ext. 162, or [chuar@adea.org](mailto:chuar@adea.org) with any questions.