



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: Immediate-Past President

II. Please type all information:

A. Why do you wish to receive this scholarship?

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

C. 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?