



ODAA Dental Assisting Student Bursary

Applicant Name: _____

Applicant ODAA Member ID: _____

Name of Post-Secondary Institution _____

Name of Program Coordinator _____

Documentation required with this completed application:

- A Dental Assistant academic transcript that includes mid-term marks or most recent marks at least two months after program commencement. Academic marks should hold at least 80% or higher in each course.
- Reference letter(s) with a recommendation from a Dental Assistant Educator in their program. This letter needs to be signed by the educator and on school letterhead with accompanying phone number of said educator.
- A letter in your own words to the ODAA selection team (approximately 500 words)
 - Please detail your motivation to apply for this bursary. Explain why becoming a Dental Assistant is important to you and how you plan to impact the Dental field in your own way. Demonstrate your commitment to the profession by outlining the ways in which you have proven yourself to be a leader and been a contributor in community events and activities.
 - Please define a financial need as part of the reason for applying for this bursary. Explain how you will benefit from this bursary if you are selected. Are there unique circumstances upon which the selection team should consider?

- By checking this box, I acknowledge all information provided in this application is true.

Signature of Applicant _____

Application submission deadline is November 30 and May 31. Please email the completed application along with all accompanying documents to tfitzpatrick@odaa.org.