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Scholarship Committee

## The Auxiliary to the National Dental Association 2019 Scholarship Application Guidelines

The Auxiliary to the National Dental Association (ANDA) offers scholarships to financially and academically deserving dental students during the Annual National Dental Association (NDA) Conventions. Students should meet the following criteria:

- 1) Student should be currently matriculated as a second or third year dental student.
- 2) Student must be recommended for financial assistance by the school (a letter from the Financial Aid Officer is required).
- 3) Student must be in good academic standing.
- 4) Student must be a citizen of the United States of America.
- 5) Student must include a passport-sized picture to the application.
- 6) Student must be a member of and provide documentation of Student National Dental Association (SNDA) membership.

Attached is the application form students must complete. Applications must be returned no later than May 31, 2019 to be considered. The committee will select recipient(s) who will be notified following the National Dental Association's Annual Convention in late July, as well as with an acknowledgement letter from ANDA's President no later than the end of August 2019.

Please contact the ANDA Scholarship Committee for additional information.

- Lenora Peters Gant, PHD, [petegant@comcast.net](mailto:petegant@comcast.net)
- Glenna Livingston, [gdliving57@gmail.com](mailto:gdliving57@gmail.com)

Applications and supporting documents can be emailed or mailed to:

Dr. Lenora Peters Gant  
[petegant@comcast.net](mailto:petegant@comcast.net)  
ANDA SCHOLARSHIP COMMITTEE  
703 Coffren PI  
Upper Marlboro, MD 20774

Sincerely,

*Lenora Peters Gant* (electronically signed)  
Lenora Peters Gant, Ph.D.  
Vice-President, Auxiliary to the National Dental Association

# The Auxiliary to the National Dental Association

## Scholarship Application

Scholarships are awarded to students in their second or third year of dental school. Students must be recommended by his or her respective school as needing financial assistance and maintaining good academic standing. Please complete all questions fully and return no later than May 31, 2019 by U.S. mail to Dr. Lenora Peters Gant, ANDA SCHOLARSHIP COMMITTEE, 703 Coffren PI, Upper Marlboro, MD 20774 or email to: Dr. Lenora Peters Gant, [petegant@comcast.net](mailto:petegant@comcast.net).

Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_ No. of Siblings \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Undergraduate School \_\_\_\_\_ Location \_\_\_\_\_

Dental School \_\_\_\_\_ Location \_\_\_\_\_

Year            2nd \_\_\_\_\_            3rd \_\_\_\_\_

Member Student National Dental Association? \_\_\_\_\_ Number of Years? \_\_\_\_\_

### REFERENCES (Forward the two letters with the application)

1. School Financial Aid Officer/Director (1 Letter)
2. Dental Professor or Dean (1 Letter)

### PERSONAL STATEMENT

Reason for applying for this scholarship, goals after graduating from dental school.  
(Attach **1 page only**. Please include your name and date at top of page.)

I certify that all information provided on this application is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_