



AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

LEADERS IN PROMOTING ORAL HEALTH

American Association of Public Health Dentistry Foundation

Herschel S. Horowitz Scholarship

2019 - 2020 APPLICATION FORM

Scholarships/Grant Awards

The AAPHD Foundation announces the Herschel S. Horowitz Scholarship for Academic Year 2019-2020.

What?

\$10,000 Scholarship to support dentists pursuing dental public health graduate education. The scholarship is made possible through donations to the AAPHD Foundation and contributions from the family of Dr. Herschel S. Horowitz.

Why?

The Herschel S. Horowitz Scholarship supports dentists pursuing Dental Public Health specialty education in the US. Scholarship recipients are expected to pursue board certification in dental public health.

Who is Eligible?

US licensed dentists or dental students in US accredited dental schools, who have been accepted into a full-time accredited MPH program or a 2-year advanced education program in Dental Public Health. Preference is given to new dentists.

How?

Complete the application form and submit via email with supporting documents to the AAPHD Main Office.

When?

The deadline is December 14, 2018 for the scholarship to be awarded for the Fall 2019 semester.

APPLICANT CONTACT INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

EDUCATIONAL QUALIFICATIONS:

College: _____ Degree: _____ Year: _____

Dental School: _____ Degree: _____ Year: _____

MPH Program: _____ 2-year DPH Program _____

Other Program: _____ Degree: _____ Year: _____

SUBMISSION REQUIREMENTS:

(Please include the following documents with application)

- Curriculum Vitae (include current GPA, community service experience, and leadership in Dental Public Health)
- Statement of Dental Public Health Career Plans (*approximately 500 words*)
 - ◆ Plans to achieve American Board of Dental Public Health certification
 - ◆ Career plans post specialty graduation
- Two Letters of Recommendation (*one must be from a dental school faculty member*)
- Letter of Acceptance for Enrollment into accredited MPH Program or 2 year Advanced Education in Dental Public Health Program. If anticipated start date is different than on the letter of acceptance, please indicate when you plan to start or if you are currently in a program.
- Statement of Financial Need (*approximately 200-250 words*)
 - ◆ Current amount of academic debt after dental school.
 - ◆ Total anticipated tuition cost of MPH or Dental Public Health program.
 - ◆ Amount of other scholarships or financial assistance you have received to cover your anticipated cost.
 - ◆ Other relevant financial information.

Please submit the completed package of materials by December 14, 2018 via email to Dr. Frances Kim at info@aaphd.org

**AAPHD
3085 Stevenson Drive, Suite 200 - Springfield, IL 62703**