

## **IDHA**

### **Student Sponsorship Award**

The Student Sponsorship Award shall be given to an Indiana dental hygiene student who possesses the desire to experience the personal and professional growth and networking opportunities gained by attending the American Dental Hygienists' Association (ADHA) Annual Conference and the Indiana Dental Hygienists' Association (IDHA) Annual Conference.

#### **HISTORY:**

This sponsorship award was created to honor the late Lynn Ramer who dedicated her life to dental hygiene and the professional association. Lynn served the Indiana Dental Hygienists' Association (IDHA) in leadership roles in the Northwest Component, as IDHA President in 1995-96 and as the President of the American Dental Hygienists' Association in 2011-2012.

Lynn knew the importance of association membership and how involvement and attendance at the annual conferences enriched her life. She mentored and encouraged students and colleagues, not only through word, but through example, in living a life of service to ADHA/IDHA.

#### **CRITERIA:**

- The nominee's program must have a chapter of the Student American Dental Hygienists' Association (SADHA)
- The nominee must hold an office in the program's SADHA chapter
- The nominee must be nominated by the program's IDHA Component Chair
- The nominee must be available to attend the ADHA and/or the IDHA Annual Conferences and be willing to report about their experience

#### **GUIDELINES:**

- Nominees shall be submitted, by the Component Chair, to the IDHA Central Office at [centraloffice@in-dha.com](mailto:centraloffice@in-dha.com) by **July 1** of the year the award is to be given
- The student applicant must meet the above criteria and submit, to the Component Chair, a short essay of not more than 500 words, supporting the request for nomination by the Component
- This award may be given to one, but not more than two, eligible students per year and is a stipend to defray the cost of attendance.

**IDHA  
Student Sponsorship  
Nomination Form**

**Component Name:** \_\_\_\_\_

**Component Chair:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Dental Hygiene Program:** \_\_\_\_\_

**Please verify the following for your nominee:**

**Dental Hygiene Program has an Active SADHA chapter:**   yes\_\_\_\_\_

**SADHA Officer:** \_\_\_\_\_ (Please list office)

**\*Please include the essay when submitting your component's nomination\***

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