

# ICD-WUDAA Scholarship Program

**Deadline for application: June 1, 2024**

## DEFINITIONS

International College of Dentists (ICD)  
Washington University Dental Alumni Association (WUDAA)  
American Dental Association (ADA)  
Commission on Dental Accreditation (CODA)

## **INTRODUCTION**

The ICD-WUDAA Scholarship Program offers annual scholarships to dental students. This program demonstrates concern about the high cost of dental education and its negative impact on the career choices of graduating dentists by doing as much as possible for individual students and raising awareness of the serious issue of dental school student debt.

WUDAA established a dental student scholarship program years ago after the Washington University Dental School, St. Louis, closed during the 1990s. Whereas both ICD and WUDAA have established programs in support of dental students and high-quality dental education, they have agreed to collaborate in the continuation and future growth of the existing WUDAA Scholarship Program.

Nominations and letters of endorsement on behalf of student applicants may be submitted by ICD Fellows, Washington University dental alumnus or dental school faculty members. Candidates shall demonstrate financial need and be in good standing at a USA dental school approved by ADA/CODA. International students are eligible.

The award is subject to certain eligibility requirements. Each scholarship is awarded solely at the discretion of the ICD-WUDAA Scholarship Application Review Committee.

Each candidate's application documents will be reviewed by an awards committee. This committee will consider the following key factors when reviewing each candidate. Please use these factors as a guide of what information to include and emphasize in your application documents:

- Financial Need
- Leadership
- Humanitarian activity/community service
- Academics
- Recommendation Letter
- Mentorship
- Extra-curricular activities

## **QUALIFICATIONS AND PROCEDURES**

### **A. Qualifications for Scholarship Application**

1. A letter of recommendation from an ICD Fellow, Washington University dental alumnus **or** a dental school faculty member must be submitted for consideration along with the application.
2. Applicant must provide proof of acceptance to, or attendance at, a USA dental school accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA). Demonstration of a strong academic performance will be an important factor.
3. Deadline for application is June 1, 2024. Recipients will be announced not later than September 1 of the year the scholarship is to be awarded.

## B. Application Procedure

1. The following are to be sent to the International College of Dentists by June 1, 2024:
  - ***The completed and signed application form***
  - ***A letter of recommendation from an ICD Fellow, Washington University dental alumnus or a dental school faculty member. This letter must specify the qualifying relationship between the applicant and ICD Fellow, WU alumnus or dental school faculty.***
  - ***Proof of acceptance to, or current attendance at, an ADA accredited USA dental school***  
*[This can be in the form of an email/letter saying you have been accepted to said school for the current academic year, or an email/letter confirming that you are enrolled at said school for the current academic year.]*
  - ***A copy of the applicant's grades from the two most recent academic years***  
*[These can be either official or non-official transcripts]*
  - ***A letter of purpose (not to exceed 600 words), which describes plans for the applicant's career in dentistry and the reasons you should be chosen for this scholarship.***
2. All decisions by the Application Review Committee, which shall be final, will be communicated to each applicant in writing.
3. The Scholarship recipient shall be notified in writing not later than September 1 of the year the scholarship is to be awarded.
4. The Scholarship recipient shall claim their award by notifying the Scholarship Review Committee in writing, not later than October 15 of the year the scholarship is awarded. Should the scholarship go unclaimed, the Scholarship Award will be returned to the Scholarship Fund.

## C. Conditions

1. The Scholarship Award is for one year only.
2. Only one scholarship per person will be awarded in the lifetime of the program. Applicants who do not receive the award may apply again.
4. Award recipient will provide a photograph and brief biography for publication in ICD and WUDAA communications and publications.
5. The ICD-WUDAA Scholarship Review Committee is under no obligation to award a scholarship in any given year.
6. The Scholarship Award will be sent directly to the educational institution where the recipient is currently enrolled. The scholarship money will be used only for qualified educational expenses, including tuition, fees, and course related expenses such as books, supplies, and equipment.

***\*Eight (8) scholarship awards, in the amount of \$2,500 each, will be awarded in 2024.***



INTERNATIONAL COLLEGE OF DENTISTS



DENTAL ALUMNI  
ASSOCIATION



INTERNATIONAL COLLEGE OF DENTISTS



INTERNATIONAL COLLEGE OF DENTISTS  
USA SECTION FOUNDATION

[www.icd.org/wudaa-scholarship](http://www.icd.org/wudaa-scholarship)

# ICD-WUDAA Scholarship Award Application Form

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ email address \_\_\_\_\_

Dental School Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Name of recommending person \_\_\_\_\_

Relationship to above \_\_\_\_\_

I declare that the information contained herein is true and accurate

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

Please include with this application form:

- A letter of recommendation from an ICD Fellow, Washington University dental alumnus or a dental school faculty member must be submitted for consideration along with the application.
- Proof of acceptance to or attendance at an ADA accredited USA dental school.
- A copy of your grades from last two academic years to this form.
- A short letter of a statement of purpose, plans for your career in dentistry, and / or the reasons you should be chosen for this scholarship, to include the need for financial aid.

Submit by June 1, 2024, to the International College of Dentists by email or mail:

Email: [office@icd.org](mailto:office@icd.org)

Mail: **International College of Dentists  
Attn: ICD-WUDAA Scholarship  
615 S. Saginaw Street, Suite 3008  
Flint, MI 48502 USA**