**National Center for Dental Hygiene Research & Practice**

**Graduate Dental Hygienist Research Grant Application**

**Application Form – Cover Sheet**

**Graduate Student**:

Last Name First Name MI

**Best Contact**:

Address:

Street City State ZIP

Phone: Email(s):

**Graduate School**: Program Name City State Zip

Are you full-time student? [] Yes [] No or Part-time? [] Yes [] No

Are you collaborating with another graduate student? [] Yes [] No

1. If yes, is this person at your program? [] Yes [] No **OR** at another program? [] Yes [] No

If at another program, which one?

Are you currently working as a dental hygienist while completing your graduate degree? [] Yes [] No

**Title of your Thesis or Capstone Project:**

**Have you started your Thesis/Capstone?** [] Yes [] No If no, when is it scheduled to start?

**Have you received any funding from another organization for your project?** [] Yes [] No

**If Yes,** what amount were you awarded and for what purpose: $

Purpose:

**If No**, are you applying to another organization for funding? [] Yes [] No

Money for grants is limited. In those instances when funding has been acquired through other means, eligibility for additional funding will be considered for aspects of the program not already covered.

**Signatures:**

**Graduate Student:** By signing this document, I certify that all the information provided is accurate and correct and I agree to all the terms listed in the grant application.

Signature Print Name & Credentials Date

**Program Director:** By signing this document, I am stating that I have reviewed (graduate student name) thesis/project and grant application, and support this application for grant funding.

Signature Print Name & Credentials Date

**Faculty Mentor:** By signing this document, I am stating that I have reviewed (graduate student name) thesis/project including all sections of this grant application for accuracy, project design, content and grammar and support this application for grant funding.

Signature Print Name & Credentials Date

Ideally, save this as a pdf file and name the file as: Your Lastname First Init, AppCover, e.g.,

Forrest J, AppCover.

If you cannot save it as a pdf file, then save as a Word docx and name the file the same, Your Lastname First Init, AppCover.