2024-2025 Alluvion Health Dental Hygiene Scholarship

Application Instructions

The Alluvion Health Dental Hygiene Scholarship at Great Falls College MSU offers scholarship dollars to students pursuing the Dental Hygiene program. The scholarship is $2,580 per semester, renewable each semester for the entirety of the Dental Hygiene program (5 semesters). One scholarship will be awarded each Fall dependent on available funding. The awards will be disbursed each semester as long as the recipient maintains enrollment in the Dental Hygiene program. Each semester, upon verification after the 15th day of class (9th day in the summer) that the recipients are enrolled in the specified course work for the Dental Hygiene program, the scholarship will be applied to the student account for payment toward tuition and fees, books and supplies, and/or other education expenses.

ABOUT THE DONOR

Alluvion Health is a non-profit Federally Qualified Health Center focusing on providing high quality, cost-effective, comprehensive primary and preventative medical, dental, and behavioral health care. At Alluvion Health, our mission is creating and inspiring healthier lives. We believe that everyone matters, and are an agency committed to being and doing healthcare differently, focused on whole-person, whole-life care.

STUDENT ELIGIBILITY

The Alluvion Health Dental Hygiene Scholarship recognizes students who:

• Will be enrolled at Great Falls College MSU as a regular student in the first year of the Dental Hygiene program
• Are a Montana Resident
• Demonstrate financial need as determined by the Free Application for Federal Student Aid (FAFSA)

SCHOLARSHIP AWARD

• The Alluvion Health Dental Hygiene Scholarship will award one renewable scholarship per year. Total value of the scholarship over the entirety of the program is $12,900.
• To retain the scholarship, recipients must be continually enrolled in the Dental Hygiene program taking program courses. If a recipient steps out of the program, or is dismissed, the remaining terms of the scholarship are forfeited.

APPLICATION PACKET REQUIREMENTS:

1. Scholarship Application: Complete the application form on the next page in its entirety.
2. Essay: At Alluvion Health, our mission is creating and inspiring healthier lives. We believe that everyone matters, and are an agency committed to being and doing healthcare differently, focused on whole-person, whole-life care. Additionally, as a Federally Qualified Healthcare Center we are partially funded through Section 330 of the Public Health Service Act and have a responsibility to serve underserved communities and populations. Please describe your thoughts on the importance of the public health system and what “creating and inspiring heathier lives” means to you in a whole-person care model related to your pursuit to become a dental hygienist.
3. Summary of Leadership, Honors, Volunteer, Community Service activities: Please provide resume or other written summary as a separate attachment from your essay.
4. 2024-2025 FAFSA: Your 2024-2025 FAFSA must be on file at Great Falls College MSU (school code is 009314). Do not submit a copy of your FAFSA or SAR with this application. GFCMSU Financial Aid records will be reviewed to confirm FAFSA receipt.

The Scholarship Selection Committee has the right to reject any late or incomplete applications.
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Name____________________________________________

GFC MSU Student ID _____________________________________________

Phone _____________________________

Email _____________________________________________

Address _____________________________________________

Address _____________________________________________

City, State, Zip _____________________________________________

Academic Year Beginning Attendance as GFC MSU Dental Hygiene student

I am a US Citizen ☐ Yes ☐ No

I have completed my 2024-2025 FAFSA and listed GFCMSU on the FAFSA ☐ Yes ☐ No

I have attached my essay ☐ Yes ☐ No

I have attached my summary of leadership, honors, volunteer, and community service activities ☐ Yes ☐ No

I am a Montana resident for tuition and fee purposes ☐ Yes ☐ No

I understand, if selected as a recipient, Alluvion Health may contact me for a photo and/or other media opportunities ☐ Yes ☐ No

APPLICATION DEADLINE: The application and all required documents listed must be postmarked by August 30th, 2024. Please mail or submit to:

Financial Aid Office at Great Falls College MSU
2100 16th Ave South Great Falls, MT 59405
(FAX: (406) 771-4410)

Federal law requires Great Falls College MSU to obtain written permission from the awardee for the release of academic and biographical information to the scholarship donor and/or news media. By signing below, I agree that relevant information may be released. Furthermore, by signing below, I confirm the accuracy of the enclosed information and understand that any false or misleading statements may invalidate my application.

Signature_________________________________________ Date______________
