



Dental Assistant and Hygienist **SCHOLARSHIP APPLICATION**



Liberty and the Oklahoma Dental Foundation are pleased to offer a scholarship program to support Oklahoma Dental Assistants and Dental Hygienists continue their education and expand access to dental care for all.

Criteria:

1. Complete every item on the **APPLICATION**, as incomplete applications will not be considered.
2. Applicant must have at least **one (1)** year of work experience in the dental field.
3. Applicant must be nominated by a Dental Professional and have been working in such Dental Professional's office. Dental office must be located in a county that is classified as rural by the Oklahoma Health Care Authority.
4. Applicant will be required to sign an agreement pledging that he/she will stay in the dental field for **one (1)** year post completion of the licensure classes.
5. Applicant must be in good standing with the Oklahoma Board of Dentistry and Standards and hold a current OK dental assisting or hygiene license.
6. Applicant must be employed by a Liberty contracted dental office for at least one year prior to submitting the application and continue to be employed at a Liberty contracted office at the time of completing the class.
7. Develop a statement of intent, which indicates your goal to pursue a long-term career in the dental profession.
8. Submit a current passport size photograph with the application or be willing to be photographed should you be selected for a scholarship. The photograph will be used for publicity purposes only.

Your Application:

Type or write copies of every page. All attachments must be enclosed.
Should you choose to handwrite your application, it **MUST BE LEGIBLE**.

**Send all applications to: oklahoma@libertydentalplan.com.
Or by mail: 5600 N May Ave Suite 200 Oklahoma City, OK 73112**

For more questions or more information, email oklahoma@libertydentalplan.com.



Education

School Name:	Location:	Dates Attended Mo/Yr:	Degrees Earned or Expected	Graduation Date:	Major:

Employment

Please note relevant employment and business experience.
Should you need additional space, please continue on a separate paper.

Employer Name:	Dates of Employment Mo/Yr:	Nature of Work	Hours worked per Week

References

Name:	Relationship:	Phone:	Email:



Pledge

If the scholarship for which I am applying is granted to me and I shall accept it, **I HEREBY PLEDGE** to abide by the provisions as described in the prospectus of this program.

Signature:	Date:
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Photo Permissions

I hereby grant my full consent for Liberty Dental Plan to photograph, video record, and otherwise capture my image and likeness. I understand that these images may be used in various media formats—including print, digital, and social media—for promotional, educational, and marketing purposes, and I agree that they may be altered, cropped, or edited as needed. I waive any rights to inspect or approve the final products and agree that no further compensation will be provided for the use of my image. By agreeing to this release, I acknowledge that I have read and understood its terms and voluntarily consent to the use of my likeness as described.

Signature:	Date:
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