

About the Scholarship

The Dr. James F. Mercer Scholarship will be awarded on merit to one student entering the fourth year of dental school at The Ohio State University College of Dentistry in 2014. This \$7,500 scholarship will be given in recognition of his or her leadership and accomplishments during the first three years of dental school – and in the community. A minimum 3.8 GPA at the end of the third year is required.

When Dr. Mercer passed away in 2002, he left behind a legacy of commitment and service to others, having served patients, organized dentistry and his community for decades. He was president of both the Ohio Dental Association and the Akron Dental Society, and earned the Distinguished Dentist Award from both as well. In 1992, the conference room at the Ohio Dental Association was renamed the Mercer Boardroom.

Also active at the national level, Dr. Mercer was the 7th District Trustee to the American Dental Association, and also served as its Treasurer for four years.

It is for this service that the Mercer Family will award a Leadership Scholarship in honor and memory of Dr. Jim Mercer.

About the ODA Foundation

The Ohio Dental Association Foundation is a charitable organization that is the philanthropic arm of the Ohio Dental Association. It is governed by a Board of Trustees elected by the Executive Committee of the Ohio Dental Association.

ODA Foundation Mission

The Ohio Dental Association Foundation exists to improve the oral health of the citizens of Ohio and to enhance the dental profession in Ohio.

Visit <http://oda.org/community-involvement/oda-foundation/> to learn more about the ODA Foundation.



Advancing Oral Health in Ohio

Eligibility

1. Applicants must be an Ohio resident **for at least 5 years.**
2. Applicants must be entering their fourth (senior/D4) year of dental school at The Ohio State University in 2014.

Requirements

Students applying for an ODAF Dental Student Scholarship must provide the completed application with all requested information by July 8, 2014.

Incomplete or late applications will not be considered. It is recommended that applications be submitted in sufficient time for review to ensure no additional information is needed.

Notification

The recipient of the Dr. James F. Mercer Scholarship will be notified of this award no later than August 31, 2014. Applicants not selected will be notified by mail.

Deadline

The completed application and required documentation must be received **by July 8, 2014**. All scholarship forms must be sent to:
ODA Foundation
1370 Dublin Road
Columbus, OH 43215
(614) 486-2700

Please note: The Scholarship Review Committee will review your application and may call you for a personal interview.

THE DR. JAMES F. MERCER LEADERSHIP SCHOLARSHIP FOR DENTAL STUDENTS

Instructions

Complete all sections of this application. Please type or print clearly. **The Biographical Sketch must be typed, and can be done in a separate Word Document not to exceed three pages.** Portions of this application are writable.

The following documentation is required with this application. **All application materials must be received at the ODA Foundation office no later than July 8, 2014. Applicants must be Ohio residents and currently at full-time student status within their program. Incomplete applications will not be considered.**

Please complete the checklist below carefully when preparing your application and copy all materials for your files. Students who submitted complete applications will be contacted by phone or letter in late August 2014 informing them if the scholarship request was awarded. In order to evaluate your application, all items must be completed.

- Complete Application. Must be legible and essay components must be typed, not handwritten.
- Verification of Fall 2014 enrollment into the OSU College of Dentistry.
- Academic Achievement Record, including last GPA (*signed by school official*).
- Biographical Sketch.
- Curriculum Vitae.
- Two References. Please ask the person providing each reference to also include a letter of reference.

All of the above materials should be returned to the ODA Foundation in a single mailing.

I. General Information

Applicant's Name: _____ Date of Birth: _____

Address (during school year): _____ Phone: _____

City: _____ State: _____ Zip: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Number of years applicant has been an Ohio resident: _____

High school attended, city and state: _____

Undergrad school attended, state and year of graduation: _____

If applicant received an ODA Foundation scholarship before, what year and for how much: _____

Year graduating dental school: _____

Are you a member of the American Student Dental Association? No Yes For how long? _____

Honors and Awards (Use additional sheet if necessary):

II. Academic Achievement Record

To the Applicant:

To consider and evaluate this application, the Academic Achievement Record Form must be completed by a school official.

I hereby authorize the release of my academic records to the ODA Foundation, for the purpose of evaluating my academic performance for the Dr. James F. Mercer Leadership Scholarship.

Applicant's Signature _____

Applicant's Printed Name _____ Date _____

To the Admissions Official:

The student named above is applying for the ODA Foundation Dental Student Scholarship. In order to consider this student's application, it is necessary to have this Academic Achievement Record Form completed by a school official in its entirety and stamped with the school's official seal.

Dental Program (school enrolled): _____

Year of Graduation: _____

*Most Recent Cumulative GPA: _____

*Class Ranking: _____

Status (please check one): Full-Time Part-Time

School Official Signature _____

Title _____

Name of School _____

School Official Seal

References

The ODA Foundation requires two references, one of which must be from a dentist (i.e., private practice, teaching in dental school or other academic institution) in support of your application; the other can be a dentist or non-dentist, but is one who knows you in a volunteer, leadership or organized dentistry capacity. The forms to be used are enclosed with this application. List below those two individuals who will be submitting reference forms.

Name: _____ Position: _____

Name: _____ Position: _____

Applicant Statement

I hereby affirm that all of the information contained herein is correct, that I am an Ohio resident currently enrolled in an accredited dental program. I understand that misrepresentation, fraud or omission of facts is cause for disqualification or suspension of a scholarship.

Applicant's Signature _____ Date _____

IV. Reference Form – to be filled out by a dentist in private practice or a dental faculty person. Please also include a letter of reference; the reference form and letter should be placed in an envelope and sealed by the person providing the reference.

To the Applicant: Please type or print your name and mailing address below.

Applicant's Printed Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

To the Referrer:

The above named applicant is applying for the ODA Foundation Dr. James F. Mercer Scholarship. Please complete this form and return it to the applicant in a sealed envelope with your signature across the closure. Thank you for your assistance.

A. Knowledge of the Applicant

I have known the applicant for: Years(s) _____ Months(s) _____

I know the applicant: Very Well Moderately Well Slightly

Nature of my contact with the applicant: Academic Employment Other (*specify*): _____

B. Evaluation of the Applicant

	Truly Exceptional 5	Excellent 4	Good 3	Average 2	Below Average 1	No Comment
Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Additional Comments (*If necessary, please use an additional sheet of paper.*)

D. Overall Endorsement of the Applicant

Highly Recommend Recommend Recommend with Reservations

Referrer's Printed Name: _____ Title/Degree: _____

Institution Name: _____ Department: _____

Address: _____

City: _____ State: _____ Zip: _____

V. Reference Form – to be filled out by an individual who knows you as a leader in a volunteer and/or organized dentistry capacity. Please also include a letter of reference; the reference form and letter should be placed in an envelope and sealed by the person providing the reference.

To the Applicant: Please type or print your name and mailing address below.

Applicant's Printed Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

To the Referrer:

The above named applicant is applying for the ODA Foundation Dr. James F. Mercer Scholarship. Please complete this form and return it to the applicant in a sealed envelope with your signature across the closure. Thank you for your assistance.

A. Knowledge of the Applicant

I have known the applicant for: Years(s) _____ Months(s) _____

I know the applicant: Very Well Moderately Well Slightly

Nature of my volunteer relationship and experience with the applicant (*specify*) _____

B. Evaluation of the Applicant

	Truly Exceptional 5	Excellent 4	Good 3	Average 2	Below Average 1	No Comment
Commitment to helping others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Additional Comments (*If necessary, please use an additional sheet of paper.*)

D. Overall Endorsement of the Applicant

Highly Recommend Recommend Recommend with Reservations

Referrer's Printed Name: _____ Title/Degree: _____

Institution Name: _____ Department: _____

Address: _____

City: _____ State: _____ Zip: _____