

West Virginia Institute for Community & Rural Health
Dental Scholarship Program: 2016-2017
Student Application

Submission Guidelines:

Your application, two recommendation forms, and the Certification of Education Status must be postmarked by **December 14, 2016**. Awards will be made in March.

Please send the entire completed application by the deadline to:

April L. Vestal, MPH, Director
WVU Institute for Community and Rural Health
PO Box 9009
Morgantown WV 26506-9009

Dental Scholarships are awarded through a competitive process, so please provide complete information. You may attach additional pages if needed. **Please type or print your responses in blue ink.**

You can obtain an application form by visiting <http://www.hsc.wvu.edu/icrh/Students> and clicking on Dental Scholarship Program.

The following materials are enclosed:

- * Dental Scholarship Program Student Application
- * Recommendation form
- * Certification of Education Status Form
- * Eligible Sites for Service Obligation

Eligibility:

Fourth year dental students at West Virginia University School of Dentistry, who intend to practice in West Virginia. Selected students will receive a **\$50,000** scholarship in exchange for a 24-month commitment for full-time work in WV.

Obligation to Practice in West Virginia:

Students who are awarded a scholarship must sign a contract and practice full-time (32-40 hours per week) for a minimum of one year at an eligible site. Preferred geographic areas eligible for the service obligation are shown on the Dental Health Professional Shortage Areas (<http://hpsafind.hrsa.gov>).

In order to locate dental HPSAs on the website, choose WV as the state, then choose the county in which you are interested. Under discipline, choose "dental" and click the button "show me the HPSAs". If you have any questions regarding the website or dental HPSAs, please contact Dr. Meckstroth or the WVU Institute for Community and Rural Health.

Students are responsible for locating a practice site and must agree to provide oral health services to West Virginia Medicaid and CHIP recipients. The penalty for not fulfilling the service obligation is repayment of the scholarship with interest.

Eligibility for Other Financial Incentives:

Students who are awarded a Dental Scholarship also may qualify for other financial incentives for rural practice in West Virginia. In some cases, the service obligations can be met concurrently.

If you have any questions, you may discuss the program with Dr. Richard Meckstroth or:

April L. Vestal, MPH, Director
West Virginia Institute for Community & Rural Health
PO Box 9009
Morgantown WV 26506-9009
Phone: (304) 276-0920
Fax: (304) 293-8764
Email: avestal@hsc.wvu.edu

West Virginia Dental Scholarship Program
Student Application 2016-2017

1. Name: _____
(Last) (First) (Middle)
2. Date of Birth: _____
3. _____
(Current Mailing/Street Address)

(City) (State/Zip) (County)
Evening/Home Phone: _____ Cell Phone: _____
E-mail: _____
4. _____
(Permanent Mailing/Street Address)

(City) (State/Zip) (County)
5. Current year in school: _____ Anticipated Graduation Date: _____
6. Career Goal:
7. Are you a resident of West Virginia? Yes No
If "Yes", how many years? _____ What is your home county? _____

Please provide complete information in your responses. Attach additional pages if necessary.

8. Background: (Where were you born and raised? What family ties, if any, do you have in rural West Virginia? Have you ever lived or worked in rural West Virginia or another rural area?)
9. What personal and professional attributes make you a good match for rural practice?

10. What do you believe to be the positives and negatives of practicing and living in West Virginia?

11. If you received this scholarship, what impact would the service obligation have on your personal life?

12. Describe any related community research, service projects, or volunteer work you have done in rural West Virginia.

13. Have you explored practice opportunities in West Virginia? Yes No

Do you have a geographic preference? Yes No

Comments:

14. Do you have any professional or personal barriers to relocating to any part of the state?

15. Do you have any other service obligations, including military obligations? Yes No
If "Yes", please describe.

16. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act which requires that males between the ages of 18 and 25 register with the Selective Service.

Are you in compliance? Yes No Does not apply

Comments:

17. a.) List a minimum of three practice opportunities that you have explored, including the site location. If you have not yet explored any options, indicate any areas (counties, towns etc.) you may be considering.

b.) Did you grow up in or near any of the above communities? Yes No

Additional Application Materials Required for All Applicants:

In addition to submitting a completed copy of this application, all applicants must also submit the following forms to the school of Dentistry Scholarship Committee. **All materials must be postmarked by December 14, 2016:**

Your completed scholarship application should include:

1. The completed 2016-17 WVU Institute for Community and Rural Health Student Application Form.
2. At least two letters of recommendation (use the linked Recommendation form) from (1) an official in the Dean's Office who can address your academic work, clinical skills and professionalism, and (2) An individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student.
Letters of recommendation may be mailed separately, but must be submitted by the deadline.
3. A completed version of the enclosed Certification of Educational Status Form executed by yourself and the appropriate school official.

*Please notify Dr. Richard Meckstroth that you are applying for the scholarship.

I hereby certify that all the above statements are true and correct. I understand that, if I am awarded a Dental Scholarship, I am obligated to practice a minimum of one to three years (depending on the amount of the award) in a rural, underserved area of West Virginia or other eligible sites upon graduation. Preferred geographic areas eligible for the service obligation is any site designated a dental health professions shortage area. I understand that these designations frequently change.

I understand it is my responsibility to locate a practice site and be prepared to meet with the scholarship committee to explain why I selected the site.

I also understand that false statements on this application may be grounds for breach of contract.

(Signature of Applicant)

(Date)

**Eligible Sites for Dental Scholarship Program
Service Obligations
2016-2017**

- An eligible practice site is any federal, state, local, or private for-profit or nonprofit dental facility (including a solo, group, or incorporated private practice) that agrees to treat Medicaid and CHIP recipients.
- A site located within a geographically dental designated health professional shortage area is preferred.
- It is important to note that the applicant does not have to plan on practicing in a dental designated shortage area to be considered for a scholarship.

Determination of Dental Health Professional Shortage Areas:

The West Virginia Department of Health and Human Resources Bureau for Public Health, Office of Community Health Systems and Health Promotion Division of Rural Health and Recruitment is responsible for designating dental health professional shortage areas in West Virginia. In addition, other areas based on health status indicators may be identified as well.

Preferred geographic areas eligible for the service obligation may change periodically. In order to determine current areas which are designated as dental shortage areas, go to <http://hpsafind.hrsa.gov> Here you will be able to choose search criteria for dental health professional shortage areas.

Applicants are encouraged to select a potential practice site in a dental shortage area for their community experience during the senior year.