



# Hispanic International Mission (HIM)

Dr. Aidee Nieto-Herman Foundation

2021-2022 SCHOLARSHIP PROGRAM



The *Dr. Aidee Nieto-Herman Foundation* in its quest for continuous improvement in the development of oral health professionals presents a scholarship program to students in dentistry. Scholarships in the amount of **\$500.00** for college (pre-dental), graduate, post-graduate, and international students will be awarded to support meritorious work by students who seek to advance their scientific and applied clinical knowledge as they enter into the oral health profession.

## *What is the intent of the scholarship?*

The intent of this *Scholarship Program* is to support students and promote global oral health.

## *Who can apply?*

These scholarships are open to student members of the Hispanic International Mission (HIM) who have been accepted or enrolled into an accredited dental school. Students **must** be a current student member of the HIM and have done community service locally and international with HIM Humanitarian Mission.

## *How does one apply?*

The attached application form must be submitted to the HIM at the address listed at the bottom of this page or to the email listed below. The application must be received by the Foundation no later than **June 15, 2021**. The application must be typed and submitted in English.

## *How will the scholarships be awarded?*

The Scholarship Committee of the *Dr. Aidee Nieto-Herman Foundation* will review each application on its merit. Areas that will be included are the demonstration of:

- Commitment and dedication to improving the oral health of the minorities populations.
- Community Service (i.e. volunteer efforts in school, medical facilities, church, etc.)
- Leadership Skills
- Scholastic Achievement

## *What is the timing of the scholarship program?*

For the 2021-2022 academic year. The award decisions will be final and communicated to all applicants.

**Return Application for the 2021-2022 Scholarships to:**

HISPANIC INTERNATIONAL MISSION

8 Hubbard St Canton, MA 02021 - USA | For further information, call (339)-237-0784 or email [info@myhim.org](mailto:info@myhim.org)

[www.myhim.org](http://www.myhim.org)

*Dr. Aidee Nieto-Herman Foundation*  
**2021-2022 SCHOLARSHIP PROGRAM**

## SCHOLARSHIP APPLICATION INSTRUCTIONS

### *Eligibility Requirements*

To be considered you must:

- Be accepted or enrolled in an accredited dental school.
- Be a current HIM (Hispanic International Mission) member.
- Be a full-time student during the academic year for which you are applying.
- Have a good academic standing at your school if your dental program does not provide a GPA.
- Show evidence of commitment and dedication to improve the global oral health having done community service locally and international with HIM Humanitarian Mission.

Please read all materials carefully. It is YOUR responsibility to ensure that ALL the necessary materials are received at the Dr. Aidee Nieto-Herman Foundation office by the deadline.

### *Scholarship Application Deadline*

- You must submit your completed application to the *Dr. Aidee Nieto-Herman Foundation* **postmarked or emailed no later than June 15, 2021.**
- The Verification form must be sent directly to *Dr. Aidee Nieto-Herman Foundation* **postmarked or emailed no later than June 15, 2021.** (Remember you are to complete the top portion of the Verification Form.)
- One (1) Recommendation letter must be submitted directly from the Recommender through mail or e-mail to the *Dr. Aidee Nieto-Herman Foundation.*
- The award decisions will be communicated to all applicants by **September 1, 2021.**
- As part of the application you are required to write an essay (250 words maximum) outlining your career goals and the challenges you feel Hispanic communities are facing in oral global health.
- The award will be delivering in October at The National Hispanic Heritage Month ceremony 2021.

*Dr. Aidee Nieto-Herman Foundation*  
**2021-2022 SCHOLARSHIP PROGRAM**

**SCHOLARSHIP APPLICATION**

PLEASE READ ALL INSTRUCTIONS CAREFULLY **BEFORE** COMPLETING APPLICATION.  
ALL APPLICATIONS MUST BE TYPED.

**A. General Information**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email (personal): \_\_\_\_\_

Email (school): \_\_\_\_\_

- College Student
- Graduate Student
- Post-Graduate Student
- International Student

**B. Education (*Dental Applicants – list main College and Dental Schools attended or currently enrolled*).**

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_

**C. Community Service and Volunteer Activities (HIM)**

List student, professional association, community-based research and/or volunteer experiences (with dates of participation) that include up to 5 activities, with preference given to Hispanic community locally and International:

Date/Name of Organization/ Brief Description of Activity: \_\_\_\_\_

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RETURN POSTMARKED OR EMAILED NO LATER THAN **June 15, 2021**.

***Dr. Aidee Nieto-Herman Foundation***

8 Hubbard St Canton, MA 02021 - USA | Call (339)-237-0784 or email [info@myhim.org](mailto:info@myhim.org)

## SCHOLARSHIP APPLICATION RECOMMENDATION

**Applicant must provide one Recommendation from a clinical or didactic faculty member or a healthcare professional. Recommendation Checklist must be filled out and mailed/emailed by the person (Recommender) filling out the Recommendation.**

**Section to be completed by Applicant (please type):**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**This will notify *Dr. Aidee Nieto-Herman Foundation* that my recommendation will come directly from:**

Name: \_\_\_\_\_

Company or School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



"Smiles For The Forgotten"

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## 2021-2022 SCHOLARSHIP PROGRAM

### RECOMMENDATION

APPLICANT'S NAME \_\_\_\_\_

#### 1. Knowledge of the Applicant

I have known the Applicant for \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)  
(e.g., 3 years and 6 months)

#### 2. Evaluation of the Applicant Please rate the applicant in each of the following categories.

	Outstanding	Very Good	Average	Below Average	No comment
Leadership					
Academic Knowledge					
Professionalism					
Clinical Skills					
Interpersonal Skills					
Demonstrates Initiative					
Communication Skills					
Ethics					
Organization Skills					
Volunteerism					

#### 3. Why should this applicant be awarded a HIM Scholarship?

(Please attach a brief letter of recommendation.)

*\*Recommender – Please return this completed page and your letter of recommendation directly to the Dr. Aidee Nieto-Herman Foundation office\**

RETURN POSTMARKED OR EMAILED NO LATER THAN **June 15, 2021.**

***Dr. Aidee Nieto-Herman Foundation***

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