ADEE GSK Scholarship

Dentistry in Society Award   
(Supported by GSK)

**Section One: the Applicant**

|  |  |
| --- | --- |
| **Applicant Name  (Lead person on project)** |  |
| **ADEE Membership Institution** |  |
| **Contact Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Declaration** | By signing this application form I hereby acknowledge the following:   1. I understand that application for the ADEE bursary is no guarantee of funding 2. I have authorisation to apply on behalf of the Institution 3. If successful I commit to writing a report on how the funding was utilised to the benefit of dental education which may be published by ADEE 4. If successful I commit to presenting on project at an ADEE annual meeting or on an online format within 2 years of the award 5. I will acknowledge ADEE as providing the institution with the bursary 6. I agree that the decision of the committee is final and binding and not subject to appeal |
| **Signature** |  |
| **Date** |  |

**SECTION TWO: About the organisation’s approach to enabling and advancing dental education**

|  |  |
| --- | --- |
| **Briefly summarise the aims and objectives of the strategy used by the institution to advance teaching and learning practice within the dentistry in society domain**  **(300 words)** |  |
| **Detail achievements of this strategy within the past 5 years, numbers processed, changes made etc.**  **(300 words)** |  |

**Section Three: Supporting Narratives**

|  |  |
| --- | --- |
| **Provide a rationale as to why your feel this application should be supported and how the scholarship will support the advancement of the dentistry in society domain within your Institution and further afield**  **(300 words)** |  |
| **Please detail how your institution has supported ADEE activities in the past**  **(250 words)** |  |
| **Please detail the specific items funding awarded will be/has been spent on and their associated costs**  **(250 words, you may submit a more detailed spreadsheet if you wish)** |  |
| **Please detail how you can demonstrate and validate the effectiveness of the approach taken with regards to teaching and learning practices of the dentistry in society domain.**  **(200 words)** |  |
| **Please detail any further information you think appropriate to support your application**  **(200 words)** |  |

**Section Four: Checklist**

Please ensure the following have been emailed to [scholarship@adee.org](mailto:scholarship@adee.org)

|  |  |
| --- | --- |
| **Item** | http://www.clipartbest.com/download?clipart=KinjKd4iq |
| **Fully completed application form** |  |
| **Signed declaration by dean on School** |  |
| **Letter of application from the Dean’s office signed and on headed paper** |  |
| **Any support material you deem appropriate** |  |

**Section Five: Time Frames**

|  |  |
| --- | --- |
| **Date** | **Details** |
| May | Call for applications issued by ADEE |
| 31st August at 17:00 Irish time | Closing date for applications |
| 15th September (provisional) | First round evaluations complete and calls for additional information if required issued to applicants |
| Late September (provisional) | Final evaluations completed and recommendations report to award bursary issued to Executive Committee for approval |
| Date to be confirmed | Announcement of awards and online webinar |