Colgate Research Award

The American Association of Women Dentist (AAWD) is accepting applications for the AAWD/Colgate Research Awards Series. This program, funded by Colgate, is designed to promote early career research, facilitate research related to dentistry, and help the improvement of oral health. Innovation, creativity and forward thinking research is encouraged.

AAWD envisions that the selected researchers will eventually assume leadership roles in oral health research. Applicants are selected based on research vision, innovation, academic performance, potential for leadership, and overall strength of their research.

The AAWD/Colgate Research Award recipient will be awarded $500 to support current research in oral health. Applicants must be able to complete their degree or research project by May 2019. Advisors are encouraged to attend the 2017 AAWD Annual Conference in conjunction with their role as an advisor.

Scholarship Amount: $500, not renewable. All winners will be listed in the American Association of Women Dentists’ Chronicle Newsletter, on AAWD’s web site, and announced at the 2017 Annual Conference, September 22-23, on Amelia Island, FL.

Eligibility Criteria: The Colgate Research Award is presented to junior and/or senior dental students, enrolled full-time, who have shown academic distinction and demonstration of excellence in dental research. The student must also be a national member of AAWD.

Completed Application Packet Must Include:

1. Completed Application
2. Two (2) Letters of recommendation (one from a faculty member/advisor)
3. Transcripts
4. CV/Resume
5. Research Proposal

Deadline for completed applications packet: July 20, 2017
*Applicant’s Name: ___________________________________________ Date ____________

Current School Information
*School: _____________________________________________________________
*School Address: _______________________________________________________
*City __________________________ *State: ________ *Zip Code:______________
School Phone #: (____)_________________________ School Fax #: (____)_________________________

Permanent Home Information
*Permanent Home Address: _______________________________________________
*City __________________________ *State: ________ *Zip Code:______________
Phone #: (____)_________________________ Fax #: (____)_________________________
*Email: _____________________________________________________________
*Required

Research Proposal
Title of Research: _______________________________________________________

Vision:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Scope:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
Proposal (attach additional documents if needed):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please send completed application packet:

Christina C. Reeder – christina.reeder@internationalamc.com
AAWD National Office
7794 Grow Drive, Pensacola, FL 32514
fax: 850-484-8762

If you have questions, please call the AAWD National Office at (800) 920-2293.