



This letter should be signed by your school’s administration.

Date: _____

Student name: _____

Dental school: _____

This letter is to certify that I am aware that (student name) _____ is applying for a scholarship to attend:

ASDA’s Annual Session in Kansas City, MO on February 28 – March 2, 2025.

If awarded this scholarship, I understand they may have didactic or clinical commitments that will be missed on Thursday, February 27 to travel to Colorado and/or Friday, February 28. These absences will be approved.

Sincerely,

(Administrator signature)

(Administrator name)

(Administrator title)

Please contact Meetings@ASDAnet.org with any questions.