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 Charlotte, NC, February 12-14, 2027.

If awarded this scholarship, I understand they may have didactic or clinical commitments that will be missed on Thursday, February 11 to travel to Charlotte and/or Friday, February 12. These absences will be approved.

Sincerely,

_____

(Administrator signature)

_____ _____

(Administrator name) (Administrator title)

Please contact governancedept@asdanet.org with any questions.