



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 is applying for a scholarship to attend:	t name)
ASDA's Annual Session in Denver, Colorado on Feb	oruary 23-25, 2024.
If awarded this scholarship, I understand they may will be missed on Thursday, February 22 to travel t absences will be approved.	
Sincerely,	
(Administrator signature)	
(Administrator name)	(Administrator title)

Please contact Meetings@ASDAnet.org with any questions.