

2024 MPCA  
DENTAL THERAPY  
SCHOLARSHIP  
**Request for Applications (RFA)**

*This scholarship is made possible with funding from  
The Delta Dental Foundation and the Michigan Health Endowment Fund*

## Program Overview

The Michigan Primary Care Association (MPCA) Dental Therapy Scholarship supports Michigan students attending U.S. dental therapy programs with an agreement that they practice as licensed dental therapists in Michigan for up to 36 months upon graduation. Scholarships are generally between \$5,000 and \$15,000 for each semester, and qualifying students may apply for scholarships each semester through graduation.

MPCA is the member organization supporting Michigan's community health centers (CHCs), which provide healthcare to many underserved and under-resourced communities within our state. MPCA recognizes dental therapy as an opportunity to strengthen the dental workforce in CHCs and other entities that expand access to care for those with the greatest barriers.

As Michigan educational institutions work to develop dental therapy programs, there is an immediate need for dental therapists among safety net organizations, practices within dental health professional shortage areas, and communities in urgent need of oral healthcare. Further, many allied dental professionals have long awaited a pathway to becoming dental therapists. Now that Michigan dental therapy licensure and reimbursement are available, this scholarship will provide a launching pad for dental therapy implementation.

A primary aim of dental therapy is to grow providers who have strong cultural respect for and shared identity with the communities they serve. This connection may have roots in shared experience living in the region, shared racial or ethnic identity, or other cultural aspects that give the provider particular respect for a community. To adhere to this intent, MPCA provides the opportunity for candidates to express their perspectives on culturally respectful care and the unique healthcare barriers faced by the communities in which they plan to practice.

## Scholarship Advisory Committee

A Scholarship Advisory Committee has guided the development of this program to ensure details, criteria, and award processes are designed and administered with fairness and equity in mind. MPCA would like to thank each member of the Scholarship Advisory Committee for the time and care they have dedicated to making this a remarkable program.

- ❖ Holli Seabury, EdD, Executive Director, Delta Dental Foundation
- ❖ Kimberly Garland, Manager, Delta Dental Foundation
- ❖ Laurie Solotorow, Director, Nutrition & Healthy Lifestyles, Michigan Health Endowment Fund
- ❖ Caswell Evans, DDS, MPH, National Coalition of Dentists for Health Equity
- ❖ Colette Smiley, DDS, Chairperson, Kent County Oral Health Coalition
- ❖ Miranda Davis, DDS, MPH, Director, Dental Health Aide Program, Northwest Portland Area Indian Health Board
- ❖ Christine Farrell, RDH, MPA, Oral Health Director, MDHHS Oral Health Program
- ❖ Divesh Byrappagari, BDS, MSD, Director, Dental Public Health & Outreach, University of Detroit Mercy School of Dentistry
- ❖ Melanie Brim, Principal at Melanie Brim Consulting
- ❖ Ifetayo Johnson, Executive Director at Encompass Solutions

## Program Goals

The MPCA Dental Therapy Scholarship Program has four main goals:

1. Grow Michigan's dental therapy workforce
2. Make dental therapists available to Michigan's community health centers
3. Improve the recruitment and retention of oral healthcare providers within Michigan's dentally underserved regions
4. Increase the level of culturally respectful oral healthcare delivery in Michigan

## Privacy Notice

### HIPAA

In the event that the scholarship recipient's interactions involve the access, use, or disclosure of protected health information, the scholarship recipient will comply with all applicable requirements of the Health Insurance Portability and Accountability Act of 1996, including but not limited to the Standards for Privacy of Individually Identifiable Health Information, the Security Standards for the Protection of Electronic Protected Health Information, and Notification in the Case of Breach of Unsecured Protected Health Information, collectively set forth at 45 CFR Parts 160, 162 and 164 (collectively, "HIPAA"), as amended. To the extent determined necessary by MPCA, the scholarship recipient shall execute and deliver to MPCA a Business Associate Agreement, in the form provided by MPCA.

### Confidentiality

The scholarship applicant shall not use MPCA's name in any way without MPCA's prior written consent. Other than in the performance of this agreement, the applicant shall not disclose, publish, or use at any time, either before or after the termination of this agreement, any confidential information concerning MPCA or any other person or entity. Confidential information shall include, but not be limited to, information relating to business affairs, data, designs, manuals, training materials and documentation, formulas, ideas, inventions, knowledge of manufacturing processes, methods, prices, timekeeping data, products and product specifications, systems and technical information, data collected, stored or managed on behalf of MPCA, information concerning MPCA or any other person or entity not generally known to the public, including, but not limited to, personal or private information concerning any individual, contracts, criminal records, financial information or other processes, records, or documents, or any other information allowing the identification of which person or entity furnished data in connection with services provided under this agreement. The applicant must have appropriate safeguards in place to protect the confidentiality of MPCA data. The inadvertent disclosure through the negligence of confidential information or data concerning MPCA is grounds for immediate termination of this agreement by MPCA, in addition to all other rights and remedies available to it.

## Eligibility

Applicants must be accepted into a dental therapy program that meets Michigan licensure requirements before they will be considered for a scholarship and must remain in good academic standing (as determined by their program) through graduation. For the 2024 academic year, eligible dental therapy education programs include:

- ❖ [Ilisagvik College](#) in Alaska
- ❖ [Skagit Valley College](#) in Washington
- ❖ [University of Minnesota](#) in Minnesota

Because educational program timelines vary, acceptance into a program may not align with MPCA's scholarship application deadline. Therefore, a letter of consideration from the dental therapy program may be accepted in lieu of a letter of acceptance. If accepted into the MPCA Dental Therapy Scholarship Program, a formal letter of acceptance is required before funds are disbursed.

### Eligibility requirements for initial applications

1. Letter of acceptance into one of the dental therapy programs listed above (or a letter of consideration if the application is pending approval)
2. Completed FAFSA for the current academic year (Expected Family Contribution section only)
3. 2 Letters of reference (academic or professional)
4. Completed scholarship application, including short answer responses
5. Applicants must sign an agreement to work as a dental therapist in Michigan for up to 36 months upon graduation (see pg. 9 for more information)
6. Applicants must be eligible to become a provider that can participate in and bill the Medicaid program and qualified health plans in Michigan. MPCA will use a verification service to ensure applicants' eligibility. This will involve a criminal background check, license malpractice screening, state and federal sanction screening, and other verifications

### Eligibility requirements for subsequent semester applications

Eligible candidates are welcome to apply for scholarships each semester through graduation. **An applicant who is awarded a scholarship is not automatically approved for subsequent scholarships.** Eligibility requirements for subsequent scholarship applications include:

1. Proof of current enrollment in one of the dental therapy programs listed above
2. Proof of good academic standing (as determined by the dental therapy program)
3. Completed FAFSA for the current academic year (Expected Family Contribution section only)
4. Completed scholarship application
5. Eligibility verification by MPCA (see the last item in the section above)

## Selection factors

The MPCA Dental Therapy Scholarship is a competitive scholarship granted on a per-semester basis. Eligible candidates may apply each semester through graduation. Selection factors include thorough and timely completion of an application, demonstrated financial need, quality of short answer responses, and supporting documentation. Applications for summer and fall 2024 semesters will be available at [this link](#) from **February 6<sup>th</sup> to March 6<sup>th</sup>**. If you have questions or need assistance, please contact Misty Davis at [mdavis@mpca.net](mailto:mdavis@mpca.net).

### Application

Complete the application in its entirety within the time frame provided above. Incomplete or late applications will not be considered for a scholarship. Digital applications at the link above are preferred, but entries typed into the application at the end of this document will be accepted (please send to Misty Davis at [mdavis@mpca.net](mailto:mdavis@mpca.net)).

### Short Answer Section

Applicants have the opportunity to express in their own words why they should receive an MPCA Dental Therapy Scholarship and highlight their commitment to returning to Michigan to practice as a dental therapist. Responses will be de-identified by a non-voting scholarship administrator and provided to the Scholarship Advisory Committee for scoring.

The questions are as follows:

1. Please share how your professional aspirations as a dental therapist may align with each of MPCA's goals for this scholarship program (listed below). Please feel free to share additional goals you may have as a dental therapist. (Minimum 300 words, 35 points)
  - Specifically, what makes you want to be a dental therapist?
  - How do your aspirations align with MPCA's goals for this scholarship program (listed below)?
    - 1) Grow Michigan's dental therapy workforce
    - 2) Make dental therapists available to Michigan's community health centers
    - 3) Improve the recruitment and retention of oral healthcare providers within Michigan's dentally underserved regions
    - 4) Increase the level of culturally respectful oral healthcare delivery in Michigan. See this article for more context about cultural respect: [Cultural Respect | National Institutes of Health](#)
2. Please describe your financial need for this scholarship. (Minimum 150 words, 20 points)
  - Describe your anticipated need for financial aid
  - Describe the impact this scholarship would have on your ability to pursue dental therapy education
  - If you did not receive this scholarship, or if this scholarship did not cover your entire journey, would you still pursue dental therapy?
  - Describe all other anticipated grants, scholarships, and loans

3. Please describe any experience you have working, volunteering, or job shadowing in a dentally underserved community (e.g., a dental HPSA), community health center, or Native American health organization. If you have no such experience, please describe your interest level in engaging with these communities and/or organizations as a dental therapist.

(Minimum 150 words, 15 points)

- What did/do you expect to learn from these experiences?
- How did/do you expect these experiences to contribute to your professional goals and direction?
- Please see the following websites for more information about these settings:
  - [What is a HPSA? | Bureau of Health Workforce \(HRSA\)](#)
  - [What Are Community Health Centers? \(MPCA\)](#)

4. What draws you to the state of Michigan?

(Minimum 100 words, 15 points)

- Are you a current or prior resident?
- Do you have family connections here?
- Describe your commitment to practicing in Michigan after graduation

5. Why do you believe you should be a top contender for this scholarship?

(Minimum 150 words, 15 points)

- Describe your commitment to the dental therapy profession's spirit of expanding access and advancing health equity
- Speak to your ability and commitment to complete the educational and licensure requirements for dental therapy

### Supporting Documentation

- Applicants seeking an **initial scholarship** must provide a letter of acceptance from a U.S. dental therapy education program (or letter of consideration if application is pending approval), 2 Letters of Support from either academic or professional sources, and a scan or screenshot the Expected Family Contribution section of the current academic year's FAFSA
- Applicants seeking a **subsequent semester scholarship** must provide proof of good academic standing in their dental therapy program and a scan or screenshot of the Expected Family Contribution section of the current academic year's FAFSA
- Optional documentation demonstrating professionalism, leadership, community engagement, commitment to dental therapy, and/or emphasis on public health may be considered as additional selection factors

### Scholarship Candidate Interviews

- After the initial review and scoring of the application by the Scholarship Advisory Committee, a virtual interview will be scheduled to get to know the candidate and their aspirations. The interview is the final selection criterion in determining the approval of a scholarship. Questions will be based on the candidate's short answer responses.

## Scholarship Funding

### Scholarship Funding Details

Details regarding scholarship funding are as follows:

- Determination of scholarship funds will be made by the Scholarship Advisory Committee based on consideration and evaluation of the "selection factors" described on page 5-6. By submitting an application, the applicant acknowledges and agrees that all deliberations and decisions of the Scholarship Advisory Committee are final and not subject to review
- Students are generally eligible to receive between \$5,000 and \$15,000 per semester. The scholarship amount is dependent upon the number of applications received, the items detailed in the "selection factors", and the availability of scholarship funds
- Any award of scholarship funds is subject to the scholarship recipient's execution of MPCA service agreement, and no funds will be disbursed until the scholarship recipient has executed an applicable service agreement
- Scholarship funds are distributed via check or direct deposit within 2 weeks of the tuition due date for the semester indicated on the scholarship application if possible. If the semester is in progress during the application review period, scholarship funds will be distributed as soon as possible following the determination
- If the student enters academic probation during the semester, they may lose eligibility for subsequent scholarships
- The maximum time any student is eligible for scholarship funding is 3 calendar years
- Scholarship funding may be used on the following items:

- Tuition, books, course fees
- Housing, utilities, phone service, transportation
- Tutors, board review courses, board exams, licensing fees
- Other education and license-related items
- The applicant(s) and scholarship recipient(s) acknowledge and agree that the scholarship program described in this document may be modified, suspended, or discontinued by MPCA at any time. Neither MPCA nor the Scholarship Advisory Committee is under any obligation to award scholarship funds at any time or for any reason.

#### Scholarship Funding Notification

After applications are reviewed, interviews are complete, and scholarship recipients are determined, applicants will be notified via email whether they will receive a scholarship, and if so, the amount of the scholarship. Notifications will be sent within six weeks after the application deadline date.

#### Tax Considerations

Scholarship funds are generally not taxable if used for tuition, course fees, textbooks, or other items required for enrollment or attendance in the educational program. Scholarship funds are generally taxable if used for housing, transportation, optional equipment, and other expenses not directly related to program enrollment or attendance.

MPCA recommends that applicants consult their own professional advisor to determine how this scholarship may impact their tax situation.

**MPCA does not provide financial or tax advice.**



## Scholarship Program Requirements

### Requirements During Educational Program

- After accepting scholarship funds, the scholarship recipient must provide MPCA with proof of good academic standing for each semester through graduation, regardless of whether a subsequent scholarship is granted
- The scholarship recipient must submit grades to MPCA within four weeks of the completion of each semester
  - Acceptable forms include unofficial transcripts or screenshots of grades including the student's name and program information from the student portal
  - Scholarship funds will only be granted if the recipient's final grades are considered by the educational program to be in good standing
- The scholarship recipient is responsible for passing all classes, graduating, and passing board exams. Failure to do so will require a return of scholarship funds to MPCA. See Pg. 8 of this document for more information

### Service Agreement Requirements

Upon graduation, the scholarship recipient must practice as a dental therapist in Michigan for 12 months in exchange for each semester of funding, for a maximum service term of 36 months. Allowed practice settings for Michigan dental therapists are as follows:

- Hospitals, Correctional Facilities, Local Health Departments
- Community Health Centers, School-Based Health Centers, Tribal Health Healthcare Facilities
- Health Settings within a dental Health Professional Shortage Area (HPSA)
  - [Find a HPSA \(HRSA\)](#) - select Michigan, a county if desired, and the filter "Dental Health"
- Any other clinic or practice setting in which at least half of the dental therapist's patient base has public insurance (e.g., Medicaid or CHIP), a medical disability or chronic condition that creates a significant barrier to care, or is uninsured and low-income
- For more information, see section 16654 in the [Michigan Dental Therapy Bill](#)

### Additional service requirements

- The scholarship recipient must apply for a Michigan dental therapy license within 30 days of passing the dental therapy board exams and gain employment as a dental therapist in Michigan within 6 months of licensure. MPCA will consider extenuating circumstances as needed
- The scholarship recipient must send proof of employment as a dental therapist to MPCA every six months during the service agreement period
- If the scholarship recipient changes employers during the service agreement period, they must notify MPCA within two weeks and submit a new proof of employment
- In the case of a leave of absence greater than 8 weeks, scholarship recipients must extend their original service term by the length of the leave of absence

## Special Circumstances

### Suspension, Term, and Cancellation Allowances

- MPCA reserves the right to suspend, shorten, or waive service agreements at any time
- If the scholarship recipient graduates and passes dental therapy board exams, but Michigan's Department of Licensing and Regulatory Affairs (LARA) denies licensure for reasons outside of the student's control, the student will not be required to repay the scholarship or complete the service agreement
- If the scholarship recipient can demonstrate extenuating circumstances causing a delay in program completion, they may request an extension of the three-year program completion requirement
- If the scholarship recipient can demonstrate extenuating circumstances causing an inability to complete the service agreement, they may request a waiver for consideration. By accepting any scholarship funds, the scholarship recipient agrees that the MPCA's decision on any request for a waiver is final and not subject to review

### Noncompletion of Program or Breach of Service Agreement

- Noncompletion of Education Requirements
  - If the scholarship recipient fails to graduate from the dental therapy program, the total amount awarded must be returned to MPCA
  - If the scholarship recipient fails to pass board exams three times, the total amount awarded must be returned to MPCA
  - If the scholarship recipient fails to submit grades for the semester awarded, the amount awarded for that semester must be returned to MPCA
- Noncompletion of Service Requirements
  - If the scholarship recipient chooses not to become licensed and/or practice in Michigan upon graduation, the total amount awarded must be returned to MPCA
  - If the scholarship recipient completes less than the required service agreement at an approved site (described in the Service Agreement Requirements section on page 5) the total amount awarded must be returned to MPCA
  - If the scholarship recipient does not complete service verifications as required, the total amount awarded must be returned to MPCA

This scholarship program is funded by the Delta Dental Foundation and the Michigan Health Endowment Fund and is administered by the Michigan Primary Care Association.

Applications for summer and fall 2024 semesters will be available at [this link](#) beginning February 6<sup>th</sup> and are **due March 6<sup>th</sup>**. If the application at the link above is not accessible for you, you may type directly into the application below and email this document, along with the required supporting documentation, to Misty Davis at [mdavis@mpca.net](mailto:mdavis@mpca.net).

**SECTION A: PROGRAM AND APPLICANT CONTACT INFORMATION**

<b>APPLICANT CONTACT INFORMATION</b>	
Contact information for the individual applying for this scholarship	
Name:	Address:
Phone:	
Email:	City, State, Zip

<b>DENTAL THERAPY PROGRAM INFORMATION</b>	
Information for the dental therapy program where the individual is enrolled	
Name of Dental Therapy Program:	Start date of your Program:
Program Address:	Semester and year applying for the scholarship:
	Semester start and end dates:
City, State, Zip:	Anticipated graduation date:

<b>DENTAL THERAPY PROGRAM CONTACT (I.E., PROGRAM COORDINATOR, ADVISOR)</b>	
Program contact to receive communication regarding this scholarship	
Name:	Phone:
Position:	Email:

**SECTION B: APPLICATION QUESTIONNAIRE**

Please type your responses directly into the fields below each question. Questions are listed in order of weight.

1. Please share how your professional aspirations as a dental therapist may align with each of MPCA's goals for this scholarship program (listed below). Please feel free to share additional goals you may have as a dental therapist. (Minimum 300 words, 35 points)
  - a. Specifically, what makes you want to be a dental therapist?
  - b. How do your aspirations align with MPCA's goals for this scholarship program (listed below)?
    - 5) Grow Michigan's dental therapy workforce
    - 6) Make dental therapists available to Michigan's community health centers
    - 7) Improve the recruitment and retention of oral healthcare providers within Michigan's dentally underserved regions
    - 8) Increase the level of culturally respectful oral healthcare delivery in Michigan. See this article for more context about cultural respect: [Cultural Respect | National Institutes of Health](#)

2. Please describe your financial need for this scholarship.  
(Minimum 150 words, 20 points)

- Describe your anticipated need for financial aid
- Describe the impact this scholarship would have on your ability to pursue dental therapy education
- If you did not receive this scholarship, or if this scholarship did not cover your entire journey, would you still pursue dental therapy?
- Describe all other anticipated grants, scholarships, and loans

3. Please describe any experience you have working, volunteering, or job shadowing in a dentally underserved community (e.g., a dental HPSA), community health center, or Native American health organization. If you have no such experience, please describe your interest level in engaging with these communities and/or organizations as a dental therapist.  
(Minimum 150 words, 15 points)

- What did/do you expect to learn from these experiences?
- How did/do you expect these experiences to contribute to your professional goals and direction?
- Please see the following websites for more information about these settings:
  - [What is a HPSA? | Bureau of Health Workforce \(HRSA\)](#)
  - [What Are Community Health Centers? \(MPCA\)](#)

4. What draws you to the state of Michigan?  
(Minimum 100 words, 15 points)

- Are you a current or prior resident?
- Do you have family connections here?
- Describe your commitment to practicing in Michigan after graduation

5. Why do you believe you should be a top contender for this scholarship?  
(Minimum 150 words, 15 points)

- Describe your commitment to the dental therapy profession's spirit of expanding access and advancing health equity
- Speak to your ability and commitment to complete the educational and licensure requirements for dental therapy

**SECTION C: SUPPORTING DOCUMENTATION (CHOOSE ONE)**

You may include supporting documents as either:

1. Attachments within the digital application at the link on pg. 10 (preferred)  
OR
2. Scanned images or documents attached to the application email

**SUPPORTING DOCUMENTATION FOR INITIAL APPLICATIONS**

- Letter of Acceptance from a dental therapy education program listed on pg. 4 (or a letter of consideration if the application is pending approval)
- 2 Letters of Support. Letters from academic and professional sources are both acceptable
- Complete and on-time application, including short answer responses
- Expected Family Contribution section of the current academic year's FAFSA
- Other (optional): The applicant may submit additional materials to demonstrate professionalism, leadership, interest in community engagement, commitment to dental therapy, and/or emphasis on public health they feel may strengthen their application

OR

**SUPPORTING DOCUMENTATION FOR SUBSEQUENT SEMESTER APPLICATIONS**

- Proof of good academic standing in the dental therapy program you are attending
- Complete and on-time scholarship application
- Expected Family Contribution section of the current academic year's FAFSA (not needed if already submitted for the year)
- Other (optional): The applicant may submit additional materials to demonstrate professionalism, leadership, interest in community engagement, commitment to dental therapy, and/or emphasis on public health they feel may strengthen their application