



Georgia Dental Hygienists' Association Scholarship/Award Committee (application to follow)

Committee Chair: Barbara Harrison, bhdh72@bellsouth.net

Community Foundation Liaison: Judith Corbin, jccrdh@rose.net

The Georgia Dental Hygienists' Association provides scholarship opportunities for dental hygiene students and registered dental hygienists that seek financial assistance and who reside in Georgia. The purpose of the Committee is to secure monies that will generate scholarship opportunities for selected dental hygiene students in Georgia.

If you are interested in contributing:

Make check payable to: Georgia Dental Hygienists' Association

Note in memo line: GDHA Scholarship Contribution

Mail check to: GDHA Treasurer

Cheryl Haynes

5060 Duke Drive

Cumming, GA 30040

Duties:

1. Notify Georgia dental hygiene program students of scholarship opportunities.
2. Submit article to GDHA newsletter of opportunities and recognize awardees.
3. Committee appointed by the GDHA Board of Chairmen annually. If interested in serving, please contact the Chair.



GDHA Scholarship for Student Dental Hygiene Award

Administered in partnership with the Community Foundation of Southwest GA and the Georgia Dental Hygienists' Association

GDHA Scholarship Guidelines:

The Scholarship applicant must:

- Be a member of the Georgia Student American Dental Hygienists Association (GSADHA) or a member of the Georgia Dental Hygienists Association (GDHA).
- Be a resident of Georgia.
- Attending an accredited Dental Hygiene School in Georgia (Associate or Bachelors)
- Have completed at least one quarter or semester of study in the dental hygiene curriculum.
- Have and maintain a 3.0 (B) average.
- Intend to practice in Georgia for two years following graduation.
- Submit a 100 word essay on: "How does being a member of your professional association build the competence of the dental hygienist?"

The scholarship applicant must supply:

- Three (3) written character references-one to include Dental Hygiene Director or Clinical Supervisor.

Application Guidelines:

- Applications must be received by date specified by GDHA Scholarship/Awards Committee which is November 1st of the current year.
- Incomplete or late applications will not be considered.
- Applicants will be judged on academic achievement, basic need and personal character. The Scholarship Committee shall review the application(s) and make the final decision. The Community Foundation will then deliver the check(s) to the appropriate school(s). GDHA will honor the winner(s) at Student Appreciation Day. Two (2) \$500.00 scholarships will be awarded.

Applications must be received before November 1st of the current year.

GDHA Scholarship for Student Dental Hygiene Application:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: () _____ Email: _____
Dental Hygiene School: _____
City: _____ State: _____ Graduation Year: _____

Source and amount of funds available:

Your income: _____ Aid from parents: _____
Scholarships: _____ Loans: _____
Name of parent/guardian/spouse: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Company: _____ Position held: _____

Answer the following question on a separate page in 100 word essay:
"How does being a member of your professional association build the competence of the dental hygienist?"

Three character references: to be provided under separate cover one to include Dental Hygiene Director or Clinical Supervisor. A separate "Character reference form" must be used for each reference.

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Application deadline November 1st of the current year.

Completed Application, Essay and Character References should be mailed to:
Community Foundation of Southwest Georgia
PO Box 2654
Thomasville, GA, 31799

Questions? E-mail Judith Corbin at jccrdh@rose.net or Barbara Harrison at bhdh72@bellsouth.net

Scholarship Applicant Character Reference Recommendation Form

Character Reference for GDHA Scholarship Applicant (provide to references):

Name of Applicant: _____

The above applicant has applied for a scholarship awarded by the Georgia Dental Hygienists' Association. Your name has been provided as a character reference.

Please appraise the applicant with respect to those qualities which you have been in a position to evaluate. Your report will be held in the strictest confidence.

Name of Individual Providing Character

Reference: _____

Position or business: _____

State capacity of relationship with the applicant: _____

Years known: _____

Please rate the applicant in the following areas:

Takes Initiative:	Excellent	Average	Poor	Don't know
Dependability:	Excellent	Average	Poor	Don't know
Responsibility:	Excellent	Average	Poor	Don't know
Compatibility:	Excellent	Average	Poor	Don't know
Emotional Stability:	Excellent	Average	Poor	Don't know
Cooperation:	Excellent	Average	Poor	Don't know
Professionalism:	Excellent	Average	Poor	Don't know

Any additional comments that might be helpful in evaluating the applicant):

Signature: _____ Date: _____

Mail form to: Community Foundation of Southwest Georgia, PO Box 2654. Thomasville, GA, 31799

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