

SCHOLARSHIP FOR STUDENT DENTAL HYGIENE AWARD

CDHS SCHOLARSHIP GUIDELINES

The scholarship applicant must:

Be a resident of Georgia
Be attending an accredited Dental Hygiene School in Georgia
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
Truly be in financial need

BE A MEMBER OF SADHA

The scholarship applicant must supply:

Three written character references no more than 50 words, (one to include Dental Hygiene Director or Clinical Supervisor)
Transcripts from high school and/or all institutions attended since, including dental hygiene school

Applications must be received before MARCH 3, 2006.

Applicants will be judged on academic achievement, basic need and personal character.

The Scholarship Committee shall review the applications and make recommendations to the Board of Trustees, who will make the final decision. Incomplete or late applications will not be considered.

In the event the scholarship recipient does not complete the dental hygiene course, any funds awarded under the scholarship shall be regarded as a non-interest bearing loan to be repaid. The student will be required to sign an agreement to this effect.

The scholarship(s) will be awarded at graduation ceremony , May -2006..

[Scholarship Application](#)

CHEROKEE DENTAL HYGIENISTS' SOCIETY

APPLICATION FOR SCHOLARSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Dental Hygiene School: _____ City: _____

Source and amount of funds available:

Your income: _____ Aid from parents: _____

Scholarships: _____ Loans: _____

Name of parent, guardian or spouse: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Company, Position held: _____

Three written character references on separate cover (one to include Dental Hygiene Director or Clinical Supervisor). A separate recommendation 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 MARCH 3, 2006. Only completed applications will be considered. Completed application should be sent to:

Debbie Wheeling, RDH

1565 Green Dr. Canton, Ga. 30114

Questions? E-mail Debbie Wheeling- : ddwheeling1@alltel.net

SCHOLARSHIP APPLICANT RECOMMENDATION FORM

CHARACTER REFERENCE FOR CDHS SCHOLARSHIP APPLICANT

NAME OF APPLICANT: _____

The above applicant has applied for a scholarship given by the Cherokee Dental Hygienists' Society and has given you as a reference. Please appraise the applicant in respect to those qualities which you have been in a position to evaluate. Your report will be held in strict confidence.

REFERENCE NAME: _____

Position or business: _____

In what capacity and for how long have you known the applicant?

Please rate the applicant in the following areas:

Area:	Excellent	Average	Poor	Don't know
Scholarship				
Initiative				
Dependability				
Responsibility				
Compatibility				
Emotional Stability				
Cooperation				
Appearance				

ADDITIONAL COMMENTS (Additional information and/or comments that will be helpful in evaluating the applicant):

Signature: _____ Date: _____