

## **Corbin Educational Scholarship**

*Promoting the highest standards of continuing education for dental hygienists.*

### **Scholarship Guidelines:**

The scholarship applicant must:

- be a resident of Georgia
- be a graduate from an accredited dental hygiene school
- be attending an accredited Undergraduate or Graduate program in Georgia and in need of funding for continuing education credits
- have completed at least one quarter or semester of study
- have and maintain a 3.0 (B) average
- state financial need

The scholarship applicant must supply:

- three character references
- verification of institution attendance (i.e. Copy of recent report from Office of the Registrar)

### **Application Review Process:**

- Applications must be received by date specified by Scholarship Committee (GDHA Immediate past president and two members).
- Applicants will be judged on academic achievement, basic need and personal character.
- The Scholarship Committee shall review the applications and make recommendations to the GDHA Board of Trustees, who will make the final decision.
- In the event the scholarship recipient does not complete the current course of study, any funds awarded under the scholarship shall be regarded as a non-interest-bearing loan to be repaid. The recipient will be required to sign an agreement to this effect.
- The scholarship will be awarded at the student reception at the GDHA Annual Session.

**Application Deadline: October 1, 2011**

**Corbin Educational Scholarship  
APPLICATION FOR SCHOLARSHIP  
Application Deadline: October 1<sup>st</sup>**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_

***Past Educational Achievement***

**Dental Hygiene School Attended:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_

**Highest Degree Achieved:** \_\_\_\_\_

***Current Educational Attendance***

**Name of School:** \_\_\_\_\_

**Area of Study:** \_\_\_\_\_

**Degree Seeking:** \_\_\_\_\_

**Designate CE Course Utilization of Funds:** \_\_\_\_\_

***Academy Membership***

**Date first joined:** \_\_\_\_\_

**Type of Membership:** \_\_\_\_\_

**Are you currently receiving any other scholarships?** \_\_\_\_\_YES \_\_\_\_\_NO

**Are you using educational loans for these studies?** \_\_\_\_\_YES \_\_\_\_\_NO

**Are you a Georgia HOPE Grant recipient?** \_\_\_\_\_YES \_\_\_\_\_NO

***Three Character References***

**1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Question: Why do you feel you need this scholarship?**

***Mail this form to:***

**Anita LaTourette**

**3897 Morris Ct**

**Norcross, GA 30092**

**(770) 797-2808**

**latouretterdh@comcast.net**