



GDHA Corbin Educational Scholarship

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

Scholarship Guidelines:

The Scholarship Applicant Must:

- ✓ Be a member of the Georgia Dental Hygienists' Association (GDHA)
- ✓ Be a resident of Georgia
- ✓ Be a graduate from an accredited dental hygiene school
- ✓ Attending an accredited Undergraduate or Graduate program in Georgia and:
 - In need of funding for continuing education credits
 - Have completed at least two quarters or semesters of study
 - Have and maintain a 3.0 (B) average

Submit a 100 word essay on: "What attributes could participating in continuing education within your professional association provide for the profession?"

□ The Scholarship Applicant Must Supply:

- Three (3) character references
- Verification of institution attendance (i.e. Copy of recent report from Office of the Registrar)

Application Guidelines:

- ✓ Applications must be received by date specified by GDHA Scholarship/Awards Committee.
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 Chairs, who will make the final decision.
- ✓ The scholarship will be awarded at a time and place determined by the GDHA Board of Chairmen.

Scroll down for Application

GDHA Corbin Scholarship Application:

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

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:

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 September 15th of the current year.

Only completed applications will be considered.

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

Scroll down for Character Reference/ Recommendation Form

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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