



Pediatric Dental Center of Georgia Patient Scholarship

Pediatric Dental Center of Georgia (PDC) has instituted a scholarship opportunity for high school seniors who are current or past patients of PDC in an effort to encourage their academic pursuits. \$1,000 will be awarded to one applicant based on the following criteria.

Applicants must submit the attached PDC Patient Scholarship Application Form detailing why the scholarship would benefit them academically and financially. The application must be completed in full and turned in to PDC no later than **Thursday, March 21, 2024 at 5:00 PM** in order for the applicant to be eligible for the scholarship.

1. Eligibility
 - A. Application to or enrolled in college, university, or vocational school
 - B. Current or past patient of Pediatric Dental Center of Georgia
 - C. High school GPA of 3.0 or better
2. Scholarship Award Committee
 - A. Two dentists (one will serve as chair)
 - B. Four staff members of PDC
3. Selection
 - A. Applications must be submitted in the time frame indicated.
 - B. Criteria
 1. Essay (40%)
 2. Grades based on high school transcript (20%)
 3. Extra Curricular Activities (20%)
 4. Character based on letter of recommendation (10%)
 5. Paid Work Experience (10%)
 - C. The scores of all panelists will be averaged
 - D. To ensure anonymity, names will be removed from application packet and a number will be assigned.
4. The scholarship recipient will be announced on PDC's Social Media Pages. The scholarship recipient will be asked to come to PDC to accept a certificate and check and also take a photo with the dentists.
5. If the recipient fails to enroll for the designated term or declines the award, the scholarship will go to an alternate applicant.
6. HR or other designee will receive and prepare the packages for the panel.

PAID WORK EXPERIENCE

Please list your paid work experience during the past four years, beginning with your most recent positions.
(Attach additional sheets, if necessary.)

<u>Employer & Nature of Work</u>	<u>Beginning/Ending</u>	<u>#of Hours per Week</u>

LETTER OF RECOMMENDATION AND TRANSCRIPT

1. Please attach a letter of recommendation along with your application.
(Ex. Employer, Teacher, Counselor, or Mentor)
2. Please attach a copy of your high school transcript in order to verify your academic standing.

ESSAY

Please attach a typed essay not exceeding 1000 words including the following information.

1. Discuss your academic goals for post-secondary school and beyond.
2. Discuss how your academic goals will blend with your past experiences such as school, work, athletics, extracurricular activities, family, and community to **serve others**.
3. Is there anything else you would like to tell us about you that may help us evaluate your nomination (i.e. personal characteristics, obstacles you have overcome)?

CHECKLIST AND SUBMISSION INFORMATION

Checklist for completed application:

- Completed PDC Patient Scholarship Application Form
- Extracurricular Activities additional sheets
(if necessary)
- Paid work experience additional sheets (if necessary)
- Letter of recommendation
- High school transcript
- Typed essay

Please send completed application
with attached documents to:

1. jwebster@pdctifton.com as a PDF
OR
2. Mail a hard copy to:
Pediatric Dental Center of Georgia
c/o Jeanine Webster
820 Love Avenue, Suite A
Tifton, GA 31794

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____