

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, April 14, 2022 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.



PDC Patient Scholarship Application FormDeadline: April 14, 2022 at 5:00pm via email or in-person at PDC

APPLICANT PERSONAL INFORMATION						
First Name		Middle Name	Last Name			
Cell Phone Number	Email Addre	ess	High School Name			
Home Address						
City		State		Zip Code		
Parent/Legal Guardian Name		Is the applicant currently or has the applicant been a patient of the Pediatric Dental Center of Georgia in the past? Yes No				
Parent/Legal Guardian Cell Phone Number		If yes, please list year(s)	If yes, please list year(s):			
ADDITIONAL DOCT SECONDARY SCHOOL INFORMATION						
APPLICANT POST-SECONDARY SCHOOL INFORMATION						
Name of College, University, or Vocational School(s) applied for the 2022-2023 school year						
Have you received official notification of acceptance for the 2022-2023 school year to one of the post-secondary school(s) listed above? Yes NO						
If yes, please list the name of the post-secondary school you have been admitted and plan to attend:						
Is this a 2-year or 4-year post-secondary school?						
Is this post-secondary school in state or out of state? In State Out of State						
EXTRA CURRICULAR ACTIVITIES						
Describe those activities in which you have participated while completing high school (e.g., community service, athletics, leadership, etc.) that you believe qualify you for this scholarship. (Attach additional sheets, if necessary)						
<u>Activity</u>		Beginning/Ending Dates		#of Hours per Week		

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.) Employer & Nature of Work	Beginning/Ending	#of Hours per Week				
Employer & Nature of Work	<u>beginning/ briding</u>	normours per week				
LETTER OF RECOMMENDATION AND TRANSCRIPT						
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.						
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ESSAY						
Please attach a typed essay not exceeding 1000 words including the following information.						
 Discuss your academic goals for post-secondary school and beyond. Discuss how your academic goals will blend with your past experiences such as school, work, athletics, extracurricular activities, family, and community to serve others. 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:						
Checklist for completed application:	Please send complete					
Completed PDC Patient Scholarship Application ForExtracurricular Activities additional sheets	m with attached docum	ents to:				
(if necessary)	1. jwebster@pdctifto	n.com as a PDF				
☐ Paid work experience additional sheets (if necessare Letter of recommendation						
High school transcript	1.5	2. Mail a hard copy to:				
☐ Typed essay		Pediatric Dental Center of Georgia c/o Jeanine Webster				
	820 Love Avenue, S					
	Tifton, GA 31794					
Printed Name of Applicant:	Date:					
Signature of Applicant:						