

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)

Scholarship Guidelines:

- 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.

Scholarship Application

Application Deadline: October 1, 2011

Corbin Educational Scholarship

APPLICATION FOR SCHOLARSHIP

Application Deadline: October 1, 2010

Name: _____

Address: _____

City: _____ **St.:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Current Employer: _____

Address: _____

Phone: _____ **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: _____ **St.:** _____ **Zip Code:** _____

Phone Number: _____ **Occupation:** _____

2.

Name: _____

Address: _____

City: _____ **St.:** _____ **Zip Code:** _____

Phone Number: _____ **Occupation:** _____

3.

Name: _____

Address: _____

City: _____ **St.:** _____ **Zip Code:** _____

Phone Number: _____ **Occupation:** _____

Question: Why do you feel you need this scholarship?

Mail this form to:

Keasha Myrick
6751 Browns Mill Lake Rd.
Lithonia, GA 30038