

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 **Friday, February 28, 2025 at 12:00 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: February 28, 2025 at 12:00 pm via email or in-person at PDC

APPLICANT PERSONAL INFORMATION						
First Name	1	Middle Name	Last Name			
Cell Phone Number Email Address		ress	High School Name			
Home Address			<u> </u>			
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):			
APPLICANT POST-SECO	ONDARY	SCHOOL INFORMATION	ON			
Name of College, University, or Vocational School (s) applied for the 2024-2025 school year						
Have you received official notification of acceptance for the 2024-2025 school year to one of the post-secondary school(s) listed above? \square Yes \square 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? 2-year 4-year Other						
Is this post-secondary school	in state or o	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		<u>#of Hours per Week</u>		

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				
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	s including the following inform	nation.				
 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:	Please send complete	ed application				
☐ Completed PDC Patient Scholarship Application For	with attached docum					
Extracurricular Activities additional sheets						
(if necessary)□ Paid work experience additional sheets (if necessary)	1. <u>jwebster@pdctifto</u>	<u>n.com</u> as a PDF				
Letter of recommendation	OR 2. Mail a hard copy to					
☐ High school transcript	Pediatric Dental Co					
☐ Typed essay	c/o Jeanine Webste					
	820 Love Avenue,					
	Tifton, GA 31794					
Printed Name of Applicant: Date:						
Signature of Applicant:						