

**GEORGIA DENTAL SOCIETY
Chairperson, Scholarship Committee
541 10th Street, NW
Atlanta, Georgia 30318**

NOMINATION FORM

FOR MATRICULATING STUDENTS

TO BE COMPLETED BY APPLICANT

1. Student's Name _____
2. SSN _____ U.S. Citizen Yes () No () GA Resident Yes () No ()
3. Current Matriculation Year _____ Year of Anticipated Graduation _____

TO BE COMPLETED BY FACULTY OR ADMINISTRATOR

PLEASE RATE EACH OF THE FOLLOWING ATTRIBUTES ACCORDING TO THE SCALE BELOW BY ENCIRCLING THE NUMBER THAT APPLIES:

0 – No Opportunity to Observe
2 - Satisfactory
4 - Outstanding

1 – Unsatisfactory
3 - Very Good
5 - Excellent

1. Academic achievement "B" or above GPA.	0	1	2	3	4	5
2. Community service and/or shadow experience.	0	1	2	3	4	5
3. Demonstrated ability to master large volumes of subject matter.	0	1	2	3	4	5
4. Demonstrated appropriate understanding of scientific knowledge and skills.	0	1	2	3	4	5
5. Demonstrated high level of effort and motivation,	0	1	2	3	4	5
6. Demonstrated understanding of what is involved in becoming a dentist: (Previous shadow experience over an extended period of time or summer program for dental school aspirants may be a mean by which this understanding could be acquired)	0	1	2	3	4	5
7. Ability to take an active role in one's own learning and knowledge acquisition.	0	1	2	3	4	5
8. A genuine concern for the welfare of others.	0	1	2	3	4	5
9. High moral character: integrity, honesty, compassion, empathy and humanity.	0	1	2	3	4	5
10. Demonstration of self-management and coping skills.	0	1	2	3	4	5
11. Demonstration of ethical behavior	0	1	2	3	4	5
12. Sufficient intellectual capacity to fulfill the curricular requirements of various dental and clinical science.	0	1	2	3	4	5
13. Ability to effect multi-modal communication with patients, colleagues, instructors and other members of the dental and health care community.	0	1	2	3	4	5

Nominator's Signature

Date

Please Print Name

Address

City

State

Zip

NOMINATION FORMS MUST BE RECEIVED BY APRIL 15, 2018

Please Return Completed Application and Nomination Forms to:

**Hector Bush, DMD
Chairperson
Scholarship Committee
541 10th Street, NW
Atlanta, Georgia 30318
Fax: 706-407-4284
Email: docbushgds@gmail.com**

**GEORGIA DENTAL SCHOOL
Chairperson, Scholarship Committee
541 10th Street, NW
Atlanta, Georgia 30318**

**SCHOLARSHIP APPLICATION
FOR STUDENTS ATTENDING
DENTAL SCHOOL 2018**

**PHOTOGRAPH IS REQUIRED
PERSONAL INFORMATION TO BE COMPLETED BY APPLICANT**

Name _____

Date of Birth _____ City of Birth _____ State _____

SSN _____ U. S. Citizen Yes () No () GA Resident Y () No ()

Current Address _____ City _____ State _____ Zip _____

Home Number _____ Cell Number _____

E-Mail Address _____

ACADEMIC AND FINANCIAL INFORMATION TO BE COMPLETED BY APPLICANT

Year of Matriculation _____ Most Recent GPA _____ Anticipated Year of Graduation _____

Financial Resources: Check All That Apply:

Scholarship () Amount or Percentage _____ % Loans () Amount _____ %
Private () Amount _____ % Grants () Amount _____ %

Annual Cost of Tuition: \$ _____

Signature of Applicant _____ Date _____

Return Completed Application by **April 15, 2018**
Return Completed Nomination Forms by **April 15, 2018**

Hector Bush, DMD
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