



# North Georgia Dental Society

NGDS | NorthGeorgiaDentalSociety.org | Atlanta, GA

## 2019 Scholarship Application

To qualify, an applicant must be:

1. A member of the Student National Dental Association
2. Have some affiliation with the state of Georgia

Please complete all sections of the application

### SECTION 1 – PERSONAL INFORMATION

<b>Name:</b> .	<b>Personal Email Address:</b>  <b>Cell #:</b>
<b>Name of Dental School:</b>	<b>Dental School Year: 1 2 3 4</b>
<b>Undergraduate Institution:</b>	<b>In which state is the High School you graduated from located:</b>
<b>Campus/Current Address:</b>	<b>Permanent Address:</b>

### SECTION 2 – ACADEMIC INFORMATION

**Current Overall GPA:** \_\_\_\_\_ **Dental Class Rank:** \_\_\_\_\_ of \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_



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## SECTION 3 – ACTIVITIES AND INTERESTS

**A.** Briefly describe your dental school extracurricular activities (Please include the organization name, position held, dates of involvement and a brief description of your responsibilities):

**B.** Briefly describe 2-3 volunteer activities, during the time you've been in dental school, in which you have impacted someone's life:

**C.** List honors, academic awards, research awards you have received during your time in dental school:



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## **SECTION 4 – Short Essays (Minimum word count: 250 per question. Use additional pages for your responses).**

- A. How has organized Dentistry (ie SNDA, NDA, ASDA, ADA) impacted your dental school experience?
- B. What are your career plans/goals after completing dental school (residency, private practice, academics/research)? How/why did you come to this decision?
- C. What interests do you have outside of Dentistry to help you maintain a well-rounded/balanced life?
- D. Who had the biggest impact on your decision to pursue a career in Dentistry and why?

### **Submitting your application**

Please submit the following to be considered for the North Georgia Dental Society Scholarship:

1. Completed application form.
2. Official copy of your dental school transcript. Please have your transcript mailed directly from your Dental School to the address below; only official transcripts will be accepted.

Application and official transcript must be post marked no later than

**April 19, 2019.**

**Mail to:** Dr. Aundrea Eady

**North Georgia Dental Society**

2485 Park Central Blvd Suite #3

Decatur, Ga 30035

Please direct any questions to Dr. Christian Johnson at: christian.m.johnson23@gmail.com