

GORDON & DESANTIS ORTHODONTICS

SCHOLARSHIP APPLICATION

1. Applicant's Full Name _____
Last Name First Name Middle Initial

2. Applicant's Complete Address:

Street Address

City

State

Zip Code

Phone

E-mail Address

3. Current patient, *yes* or *no*. If no, month and year of orthodontic completion:

4. Date of expected high school graduation: _____

5. Current high school: _____

6. Current high school Academic Cumulative **GPA** _____ on scale of _____

SAT scores _____ **ACT** scores _____ Class Rank _____

Attach a copy of your high school transcript

Field of Study/Major _____

7. Name of college(s) applying to: _____

8. List high school extra-curricular activities and include years participated.
(Student Government, sports, clubs, arts, drama, etc.).

9. List public service and community activities you participated in or led in high school and include years participated. (Homeless services, mission work, environmental protection, etc.)

10. List part-time and full-time jobs held during high school.

11. What experience have you had participating in the arts?

12. What is your vision for your future career?

PARENTAL CONSENT

There will be several opportunities for the recognition and publicity of the recipient. Photos of the presentation may be used in publicity opportunities to support and recognize the recipient in media press and publications.

I give approval for my son/daughter to be photographed for the Gordon & DeSantis Orthodontics Scholarship Program.

PARENT/GUARDIAN'S SIGNATURE_____

Date_____

I certify that the information in the application is true, complete and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Gordon & DeSantis Orthodontics.

STUDENT SIGNATURE_____

Date_____