**LINDSEY ORTHODONTICS**

**2018 SCHOLARSHIP APPLICATION**

**REQUIREMENTS:**

* You MUST be a current or past patient of Lindsey Orthodontics.

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**\*\*\*(Please include a copy of your high school transcript from your school counselor.)**

**Scholarship amount to be awarded is $500.00**

(Up to 12 Scholarships will be awarded)

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_**

**Extra-curricular high school activities and Community Service:**

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**Name of the college you have been accepted to or plan to attend:**

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**Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Future career plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How did you hear about the Lindsey Orthodontics Scholarship Program?**

(Teacher, School Counselor, Lindsey Orthodontics Employee, Lindsey Orthodontics Patient, Lindsey Orthodontics Facebook page)

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* **Please include a short essay (250 words or less) on why you believe you should receive this scholarship.**

**(This may include future goals, financial need, or obstacles you have overcome.)**

* Please send completed application postmarked by **April 3rd, 2018** to:

**LINDSEY ORTHODONTICS**

**ATTN: SCHOLARSHIP**

**120 West College Street**

**Suite A**

**Griffin, GA 30224**

**STUDENT AND PARENTAL CONSENT**

There are several opportunities for the recognition and/or publicity of the student. Lindsey Orthodontics would like to celebrate the student recipient with a visit to our office to take a photo with Dr. Charles Lindsey. The photo may be used in publicity opportunities including, but not limited to our website, Facebook, local papers/magazines, etc...

I give approval for my son/daughter to be photographed for the Lindsey Orthodontics

Scholarship, understanding that the photo may be posted on www.lindseyorthodontics.com ,

Facebook, Instagram, local papers/magazines, etc... for student recognition.

**Parent/Guardian 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 Lindsey Orthodontics.

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_