



**GREAT SMILES**  
PEDIATRIC DENTISTRY & ORTHODONTICS

**SENIOR SCHOLARSHIP APPLICATION**

Please Print or Type

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
(first) (middle) (last)

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Which Institution of higher education fo you plan to attend (i.e. college, university, technical school, Business College, etc.)?

SCHOOL NAME & ADDRESS : \_\_\_\_\_

Has this school officially accepted your application to become a student there? YES \_\_\_\_ NO \_\_\_\_

What other schools have you applied? \_\_\_\_\_

What is your intended college major or field of study? \_\_\_\_\_

What are your career plans after college? \_\_\_\_\_

What other scholarships have you been awarded? \_\_\_\_\_

Please use this space for any additional notes:

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**REQUIRED ATTIDIONAL MATERIALS:**

1. Please provide a list of your involvement in community and church activities, a High School Resume and a sealed High School Transcript.
2. Submit at least one letter of recommendation from persons other than family members who know you well (e.g. teachers, club advisors, minister, coach etc.).
3. Personal Essay. 3-5 paragraphs stating why you feel you should receive the named Scholarship.



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**ADDITIONAL INFORMATION**

**APPLICANTS NAME:** \_\_\_\_\_

**MOTHER'S/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**FATHER'S/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**Total number of children dependent on your parents for support:** \_\_\_\_\_

**Number of children in college:** \_\_\_\_\_

**Do you have a job?** YES \_\_\_ NO \_\_\_ **If yes, where:** \_\_\_\_\_

**How long have you worked:** \_\_\_\_\_

**Do you plan to work while attending college?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Have you applied for Financial Assistance?** YES \_\_\_\_\_ NO \_\_\_\_\_

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**PLEASE INSERT BELOW OR SEND A RECENT PHOTO OF APPLICANT**

