LINDSEY ORTHODONTICS 2021 SCHOLARSHIP APPLICATION

REQUIREMENTS:

- You <u>MUST</u> be a current or past patient of Lindsey Orthodontics.
- A 2021 graduating <u>high school</u> senior with a college acceptance for Fall 2021.
- Weighted/Cumulative GPA of 3.0 or higher.

• Your essay must be included with this application. (details listed on page 2)

• Completed application mailed in and postmarked by April 8th, 2021.

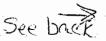
***Please include an official sealed copy of your high school transcript from your school counselor.

Failure to meet the 6 requirements above will void your application.

Scholarship amount to be awarded is \$500.00

(Up to 12 Scholarships within multiple schools will be awarded.)

Student Name:				
Date of Birth:				
A -]]	· , ·			
Address:	·		· · ·	
City:		State:	Zip:	
Telephone:	E-mail:			
High School:	,			
High School: GPA: Weighted/Cumulative	:			
Extra-curricular high school	·	-		
· · · ·				
(Attach sheet if needed)	1. S.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Name of the college you have	e been accepted to	o or plan to att	tend:	
Field of study:			•	
Field of study:				



LINDSEY ORTHODONTICS 2021 SCHOLARSHIP APPLICATION (Page 2)

Future career plans:

(Attach sheet if needed)

How did you hear about the Lindsey Orthodontics Scholarship Program? (Circle) (Teacher, School Counselor, Lindsey Orthodontics Employee, Lindsey Orthodontics Patient, Lindsey Orthodontics Facebook/IG page) Other:

ESSAY

Please include an essay (250- 500 words) 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 8th, 2021 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.lindsevorthodontics.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: