# 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 8<sup>th</sup>, 2021.

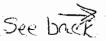
\*\*\*Please include an official sealed copy of your high school transcript from your school counselor.

# 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:				
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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)

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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: