

# LINDSEY ORTHODONTICS 2021 SCHOLARSHIP APPLICATION

**REQUIREMENTS:**

- You MUST be a current or past patient of Lindsey Orthodontics.
- A 2021 graduating high school 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:** \_\_\_\_\_

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

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

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

**High School:** \_\_\_\_\_

**GPA: Weighted/Cumulative:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


**(Attach sheet if needed)**

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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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.lindseyorthodontics.com](http://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:** \_\_\_\_\_