

LINDSEY ORTHODONTICS 2024 SCHOLARSHIP APPLICATION

REQUIREMENTS:

***Please check off each requirement before submitting your application)**

- You must be a current or past patient of Lindsey Orthodontics.
- A 2024 graduating high school senior with a college acceptance for Fall 2024.
- Weighted/Cumulative GPA of 3.0 or higher.
- Your essay must be included with this application. (Details listed on page 2)
- Please include an official sealed copy of your high school transcript from your school counselor.
- **Completed application turned in OR postmarked by March 15th, 2024.**

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

Scholarship amount to be awarded is \$500.00

(Multiple Scholarships will be awarded to current or previous patients of Lindsey Orthodontics.)

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, Patient, Lindsey Orthodontics Facebook/IG page/ TikTok) 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 March 15th, 2024 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, Instagram, 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:** _____