



## 2019 Application

PLEASE PRINT

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Presently Attending \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

School Applicant Will Be Attending \_\_\_\_\_

How did you hear about our scholarship program? \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

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

Volunteer Activities \_\_\_\_\_

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

Honors, Recognitions or Awards \_\_\_\_\_

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

I, \_\_\_\_\_, give permission for Associated Orthodontists to use my /my child's name and photo for public relation purposes related to the Associated Orthodontists Scholarship Program, as well as post my/my child's essay on the Associated Orthodontists website. I certify that all of the above information is true and accurate to the best of my knowledge.

Signature of Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_  
(if applicant is under 18 years of age)