

GORDON ORTHODONTICS SCHOLARSHIP PROGRAM

Gordon Orthodontics Scholarship Program offers the opportunity to support the college costs for graduating high school students. Two \$1000 scholarships will be awarded on a competitive basis to two graduating seniors from the local area. The winners will be notified by mid-May to assist in the student's college decision.

Eligible Applicants must:

1. Be a senior attending a state accredited public or private high school. The applicant must be a past or present patient of Gordon Orthodontics.
2. Demonstrate outstanding academic achievement, strong participation in school activities (particularly as it relates to the arts), and community service. Recommended criteria are a 3.5 cumulative GPA and combined SAT scores of 1000 and/or ACT scores of 24.
3. Be a candidate for high school graduation at the end of the current academic year and enrolled as a full-time student in an accredited college or university.

How to Apply:

If the applicant meets the preceding eligibility requirements, he/she may obtain an application from the high school guidance counselor or from Dr. Gordon's office. Each applicant must submit 1) Gordon Orthodontics Application form; 2) High school transcript and recent SAT or ACT scores; 3) Any other information which might be pertinent to or will aid in your application; and 4) Signed parental consent form.

The completed application form and supporting documents must be postmarked and mailed to the office of Dr. Doug Gordon, 140 Shawnee Street, Greenville, Ohio 45331 or delivered to Dr. Gordon's Greenville or Troy locations in one envelope no later than **March 21, 2019**.

Mail Applications to:

**Gordon Orthodontics Scholarship Program
140 Shawnee Street
Greenville Ohio 45331**

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Gordon Orthodontics Scholarship Program
140 Shawnee Street
Greenville, OH 45331

APPLICATION

PLEASE PRINT:

Supplemental pages (8.5 x 11) may be attached for completing information. On each, please identify applicant. Mail or hand deliver the application and supporting documents in **ONE** package by March 21, 2019 to the above address.

PART 1: PERSONAL INFORMATION

1. Name _____
Last First Middle

2. Mailing Address: _____
Street/P.O. Box

3. _____ Telephone No.(____)_____
City/Town State Zip

4. County of Residence: _____

5. Date of Birth: _____ Sex: _____

6. U.S. Citizen: _____ Yes _____ No

7. How did you hear about the Gordon Orthodontics Scholarship Program (teacher, school counselor, a Gordon Orthodontics Employee, a Gordon Orthodontics Patient, etc.)?

APPLICANT _____

8. College Information:

Colleges/Universities to which you have applied or will apply	Have you been accepted? Yes/No/Not Heard

College you hope to attend as a full time student:

Address _____

Field of Study/Major _____

9. Educational Information:

Please include a copy of your transcript through January and a copy of your SAT I and/or ACT test scores.

High School _____

Address _____

Date of Graduation _____ Number of Students in Class _____

Class Rank _____ Cumulative GP _____

SAT I Scores: Verbal _____ Math _____

ACT Score _____

High School: Academic Honors/Awards/Accelerated Courses

APPLICANT _____

10. Other Activities During High School Years:

A. Extracurricular Activities: (Organizations, clubs, sports, publications, art, music, drama, public speaking, contests, etc. Indicate honors, awards, letters won):

Description of Activity	Activity Associated With	Honor, Award, Letter Won	Length of Participation

B. Volunteer Activities: (School, Church, Community, etc.)

Description of Activity	Activity Associated With	Length of Participation

C. Employment Experiences:

Name of Employer	Position	Dates of Employment

11. What experience have you had participating in the arts?

12. What is your vision for your future career?

13. Typed on a separate sheet of paper, describe how your orthodontic treatment has benefited you.

Parental Consent

There will be several opportunities for the recognition and publicity of the student, Dr. Doug Gordon and Gordon Orthodontics. Dr. Doug Gordon would like to celebrate the recipient with a visit to our office for a photo and presentation. The picture may be used in publicity opportunities to support and recognize the student in media press and publications.

I give approval for my son/daughter to be photographed for the Gordon Orthodontics Scholarship Program.

PARENT/GUARDIAN'S 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 Dr. Doug Gordon's office.

STUDENT SIGNATURE_____DATE:_____