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Scholarship Application for Graduating Seniors for Harwell & Cook Orthodontics Scholarship

Please supply all the information requested below. A typed application is preferred; black ink must be used. Attach a picture in the indicated block and copy of your transcript unless the chart indicates one is not required.

Name

Address

Age _____ Date of Birth _____

Middle School Attended

Zip

Phone

SS# - -

US Citizen *Yes*

Elementary School

Rank in Class _____	Numeric Avg _____
ACT Composite	SAT Combined

Names/Occupations/Places of Employment of parents (persons with whom you reside)

Number of siblings

Ages

How many family members including yourself will be in college next year?

List most notable community activities & school related extra-curricular activities during grades 9-12 and “x” the appropriate grade level(s).

[illegible]

List special recognition, awards, and honors received during grade 9-12 and “x” the appropriate grade level(s).

[illegible]

List and describe any work experience during the last four years.

Place(s) of Employment	Grade				Job Description
	12 th	11 th	10 th	9 th	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
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What college do you plan to attend? _____

Estimated college expenses for freshman year _____

Essays:

As professionals in the dental field, we believe that a healthy smile can have a positive affect on the lives of our patients. How do you feel about this statement? In other words, how has your smile had an effect on your life (in either a positive or negative way)? _____

Although we believe that academics are very important, we also believe that being involved in extracurricular and community activities are equally important. In your life, how have your activities outside the classroom influenced you? _____

Student's Signature

Parent's Signature

Date

***If you are awarded any scholarships, please record those awards in the Scholarship Index Box in the counseling office so that recognition may be given.*