

APPLICATION

Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell _____ Social Security # _____

Name of High School and Graduation Year _____

Awards and Activities _____

Grade Point Average _____ Class Rank _____

College Plans/Major(s) _____

High School Principal's Name and Phone Number:

Guidance Counselor's Name and Phone Number:

I, _____, the applicant's guidance counselor, certify that the school information on this page is accurate to the best of my knowledge and the above named student is a college-bound high school senior at the above named school.

Signed _____ Date _____

The information provided is true and accurate. By entering this scholarship contest, I realize my essay and photograph become the property of Gartner Orthodontics, Ltd., and may be published in local newspapers or professional journals, or posted in the office in original or reprinted forms. The essay will be anonymously posted with my written permission on the www.gartnerortho.com website. Entries will not be returned. No one in my immediate family is an employee of Gartner Orthodontics, Ltd.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____

