

Sanford Orthodontics Scholarship Coversheet
“The Power of a SMILE”
\$500.00 College Scholarship Application

Applicant’s Name: _____

Current Address: _____

Current Telephone Numbers (please provide two if possible)

(_____)_____ (_____)_____

Name of High School applicant is graduating from:

Name and address of College or Continuing Education, applicant is planning to attend:

I, _____, give my word that the following contest entry is entirely my own work. I have not received any coaching or advice, have not copied or used another person’s work, ideas or committed plagiarism in any form. I understand that if I submit any work that is not mine, my entry will be disqualified. I give my permission to have my entry, name* and/or picture published in the local newspaper and on Dr. Sanford’s website and social media pages.

(Signature of Applicant) (Date)

*You may choose to have only your first name published.

I, _____, the applicant’s parent, verify that the above statement is true. My child is submitting his/her personal work and has not received assistance.

(Signature of Parent) (Date)