

*Smile of Your Life \$1000 College Scholarship Application*

Applicants 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 persons work or 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. Sanfords website.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

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

I, \_\_\_\_\_, the applicants parent, verify that the above statement is true. My child is submitting his/her personal work and has not received assistance.

\_\_\_\_\_