



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)