

DR. JEN ORTHODONTICS SCHOLARSHIP APPLICATION

The Dr. Jen Orthodontics Scholarship is awarded in the amount of \$1,000. **The applicant must be a past or present patient of Dr. Jen Orthodontics.** Adults continuing their education in an accredited college program will also be considered. All applicants will be considered regardless of race, color, creed, national origin, sex, age or disability or sexual orientation.

Applications are available at Dr. Jen Orthodontics, 702 Country Club Drive, Conway, SC 29526. The application must be received by May 1, 2024 and the recipient will be announced by June 1, 2024.

Decisions of the committee will be based on academic scholarship, initiative, character and leadership ability. Scholarship finalists may be interviewed by the Dr. Jen Orthodontics Scholarship Selection Committee. Scholarship payment will be sent directly to the college or university where recipient is enrolled.

APPLICATION PACKAGE

1. Full Name: _____
(First) (Middle) (Last)
2. Birth date: _____ Sex: ___M___F
Month Day Year
3. Home Address: _____
City _____ State: South Carolina Zip: _____
Telephone: _____ (Home) Cell: _____
E-Mail Address _____
4. Parents/Guardians Name: _____
5. High School attended: _____
Name City Graduation Year
6. College(s) to which you are applying for admission (or are enrolled)

Circle the college(s) to which you have been accepted.
7. Intended Major: _____
8. Are you the recipient of other scholarships? ___Yes___ No Total Amount Awarded: _____
9. SAT Scores: Verbal _____ Math _____ Written _____ and/or ACT Scores: _____
10. GPA: _____ Class Rank: _____

-ACTIVITIES & HONORS-

You may use a separate sheet to complete these areas of the application.

11. List clubs or organizations to which you belong:

12. Please provide information about your activities in the areas of community service, citizenship and leadership.

13. Honors received during high school or college:

14. Full or part-time employment:

15. Hobbies & special interests:

Submit a one-page personal philosophy statement on why you have chosen your future profession and how you want to make a positive impact. Please use a separate sheet and include as part of the application packet.

Important Information

Be sure that you have *filed an application for admission* to at least one accredited Institution of Higher Learning and be certain to arrange for and take the College Entrance Examination Board Scholastic Aptitude Test or ACT Assessment. It is the scholarship candidate's responsibility to make all arrangements for college admissions.

Financial need may be considered in some cases.

Finalists for Scholarship may be interviewed by Dr. Jen Scholarship Selection Committee

Include the following documents with your application:

- Current Transcript (High School or College)
- Small photo or snapshot of yourself to be used for press release.
- One sealed letter of recommendation
- Include name, address and telephone number of reference below.

_____/_____/_____

___ I have read this information carefully and certify that all information I have given is correct and complete.

Optional Information

Parents/Guardians may submit a confidential letter stating special finance concerns. It should be placed in an envelope and sealed before including it in the application package. Please label the envelope “Confidential”.

Signature of Applicant

Date

Application packet containing all requested information must be received by Dr. Jen Orthodontics by May 1, 2024.

Please submit completed application packet to:

Dr. Jen Orthodontics
702 Country Club Drive
Conway, SC 29526