



Shiny Happy Smiles

Pediatric Dentistry & Orthodontics

Scholarship Application

Academic Year 2023-2024

Name:

Telephone Number:

Address:

Email Address:

High School:

GPA:

Academic Interest/Possible Major:

SAT Highest Score: Critical Reading:

Writing:

Math:

ACT Highest Score: English:

Math:

Reading:

Science:

Writing:

Composite:

Honors Courses:

Special Honors or Awards:

Extracurricular Activities (junior and senior years):

Volunteer Activities:

Leadership Activities:

Research Activities:

Are there any other additional circumstances that the scholarship committee should consider? Please describe:

I hereby certify that the answers and statements contained in this application are true to the best of my knowledge. I also certify that this application, including any short answers or essays are my own work. In addition, I authorize the scholarship committee to have access to all submitted materials.

Signature

Date