

GILL-WEDDING ORTHODONTICS SCHOLARSHIP APPLICATION

Student Information

Student Name _____ Home Phone _____
(Last) (First) (MI)

Address _____
(City) (State) (Zip Code)

School Presently Attending _____

Postsecondary school(s) admitted to _____

List any honors, recognitions, or awards you have received _____

List extracurricular activities or organizations (both school and community) you have participated in, years of involvement, and indicate any office held _____

Recent work experience (most recent first)

Title	Employer	Date Started	Date Ended	Hrs/Wk
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all scholarships or monetary awards you are receiving, and in what amount

Attach (2) typed essays on:

- c) If you could collaborate with one person, living or deceased, to tackle a global challenge, who would it be and why? (3-5 paragraphs, (300 words or less)

AND

- d) How will technology affect the way we communicate in 15 years? (50 words or less)

I, _____ agree that Gill-Wedding Orthodontics may use my name and photograph for public relation purposes, and certify that all the above information is true and accurate to the best of my knowledge.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(If student is under 18 yrs. old)

This section to be completed by applicant's school

Please note that this scholarship application must be postmarked or received by **March 21, 2025.**

Mail to: Gill-Wedding Orthodontics Scholarship
7244 E. Virginia St.
Evansville, IN 47715

Phone number: 812-476-1377 Toll Free 888-476-1377

Cumulative GPA _____ on a _____ scale as of end of first semester senior year.

Are grades weighted? _____

Class Rank _____ out of _____

SAT total _____ ACT total _____

School phone number _____

Signature and title of school official verifying GPA and scores

Date _____