

# 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:

a) What song represents the soundtrack of your life at this moment? Why?  
(3-5 paragraphs, 300 words or less)

AND

b) What are you most passionate about outside of school? (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)

o **This section to be completed by applicant's school**

Please note that this scholarship application must be postmarked or received by  
**March 13, 2026**

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 \_\_\_\_\_

Date \_\_\_\_\_

Signature and title of school official verifying GPA and scores