Drop off or mail completed application to: School Name _____
Scholarship • 3420 Thornton • Amarillo, Texas 79109 • (806) 353- 3593

Xerox OK unless original indicated on chart

[Photo]

2 x 1 1/2

Scholarship Application for Graduating Seniors for

Harwell & Harwell Orthodontics Scholarship

Please supply all the information requested below. A typed application is preferred; black ink must be used. Attach a picture in the indicated block and copy of your transcript unless the chart indicates one is not required.

Name_____

Address_____ **Zip** _____ **Phone** _____

Age _____ **Date of Birth** _____ SS# _____ **US Citizen** _____**yes**____

Middle School Attended _____ **Elementary School** _____

Rank in Class _____ **Numeric Ave** _____

ACT Composite _____ **SAT Combined** _____

Names/Occupations/Place of Employment of parents (persons with whom you reside)

_____

_____

Number of brothers/sisters _____ **ages** _____

How many family members including yourself will be in college next year? _____

List most notable community activities & school related extra-curricular activities during grades 9-12 and "x" the appropriate grade level(s).

Activities	**Grade** 12	11	10	9	**Level of involvement (i.e officer,member,ect)**

List special recognition, awards, and honors received during grade 9-12 and "x" the appropriate grade level(s).

Activities	**Grade** 12	11	10	9	**Level of involvement (i.e officer,member,ect)**

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School Name _____

List and describe any work experience during the last four years.

Place(s) of Employment	**Grade**				**Job Description**
	12	**11**	**10**	**9**	

What college do you plan to attend? _____

Estimated college expenses for freshman year _____

As professionals in the dental field, we believe that a healthy smile can have a positive effect on the lives of our patients. How do you feel about this statement? In other words, how has your smile affected your life (in either a positive or negative way)? _____

_____
_____
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_____

Although we believe that academics are very important, we also believe that being involved in extracurricular and community activities are equally important. In your life, how have your activities outside the classroom influenced you? _____

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_____ _____ _____

Student's Name **Parent's Name** **Date**

****If you are awarded any scholarships, please record those awards in the Scholarship Index Box in the counseling office so that recognition may be given.**