

Turner Orthodontics Scholarship Program

The Turner Orthodontics Scholarship Program offers the opportunity to support the college cost for graduating high school students. It was established to recognize individuals with a potential to excel and become a contributing member of our community. A total of **\$3000** dollars in scholarships will be awarded on a competitive basis to graduating seniors from the Wiregrass Area. All scholarship money will go directly to the school to be applied towards tuition, books, fees, housing, or related expenses. Scholarship recipients will be determined based on academic achievement, participation in school and community activities, and an essay. Winners will be notified by April 22, 2018 to assist in the student's college decision.

Eligibility Requirements:

- ❖ Applicants must currently be in orthodontic treatment or have completed treatment by Dr. W. Nicholas Turner DMD, MS.
- ❖ A graduating high school senior who plans to attend as a full-time student in an accredited college or university for at least 1 year.
- ❖ A student who has a minimum cumulative GPA of 3.0

Application Process:

Please fill out the information on the application form, parental consent form, and transcript summary form. Attach the essay response and submit as follows:

- ❖ Post marked by **April 16, 2018**
- ❖ Mail or Hand Deliver to: Turner Orthodontics Scholarship Program
Attn: Amy Manfra
736 East Lee Street
Enterprise, AL 36330

Scholarship Application

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

High School Name: _____ GPA: _____

Name and Address of the College you will attend:

Field of Study: _____

Future Career Plans: _____

How did you hear about the Turner Orthodontics Scholarship? _____

Please include a short essay (250 words or less) on why you should receive this scholarship. (This may include financial need, future goals, obstacles you have overcome, or excellence in community or extra-curricular activities.) Tell us how you chose the school you selected to attend.

Student & Parental Consent

There will be several opportunities for the recognition and publicity of the student, Dr. W. Nicholas Turner, and Turner Orthodontics. Turner Orthodontics would like to celebrate the student recipients with a photo. The picture may be used in publicity opportunities to support and recognize the student in media press, publications, and our practice website.

I give approval for my son/daughter to be photographed for the Turner Orthodontics Scholarship, understanding that the photo may be posted on www.enterpriseortho.com website for student recognition.

Parents/Guardian Signature: _____

Date: _____

I certify that the information in the application is true, complete, and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Turner Orthodontics.

Student: _____

Date: _____

Transcript Summary Form

Please have form completed and signed by your guidance counselor. Application will not be valid unless complete.

Name of Applicant: _____

School: _____

GPA: _____

SAT Score: _____

ACT Score: _____

Signature of Guidance Counselor to verify above information:

Printed Name: _____

School Seal or Stamp: