



Ryan J. Haldeman, DDS, MS, PA • Stephanie S. Chambers, DDS, MS, MSD • Anthony Paul Blackman, DMD, MSD

## GREAT SMILES HIGH SCHOOL SENIOR SCHOLARSHIP

**Great Smiles Orthodontic Specialists** is pleased to offer a five hundred dollar (\$500) scholarship. Supporting education is an important part of our practice values. We are proud of our patients and encourage all of them to continue their education.

The **Healthcare Career Scholarship** recognizes a student who is interested in pursuing a career in the healthcare industry.

Requirements for this scholarship:

- **Must be a current patient or former patient of Great Smiles Orthodontic Specialists.**
- Please provide a list of your involvement in community and church activities, a High School Resume and a sealed High School transcript
- Submit at least one letter of recommendation from persons other than family members who know you well (e.g. teachers, club advisor, minister, etc.)
- Personal Essay (3-5 paragraphs) stating why you feel you should receive this Scholarship
- **Deadline is April 1<sup>st</sup>.** Mail or drop by Great Smiles, 10A Yorkshire Street, Suite C, Asheville, NC 28803

The applicants are reviewed by a panel of local High School Teachers. Winners will be notified and then awarded a check in their name. The names of all Winners will be displayed on plaques in each of our office locations. They also will be recognized on our website and Facebook page.

10A Yorkshire Street, Suite C • Asheville, NC 28803 • 828-274-8822 • fax 828-274-8833 • info@gsosmiles.com  
50 Bowman Drive • Waynesville, NC 28785 • 828-407-4034 • fax 828-454-9158 • waynesville@gsosmiles.com  
37 Crestview Heights • Sylva, NC 28779 • 828-586-9333 • fax 828-586-9248 • sylva@gsosmiles.com  
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BeGreatDental.com



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### Senior Scholarship Application

Please Print or Type

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
(first) (middle) (last)

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Which Institution of higher education do you plan to attend (e.g. college, university, technical school, business college, etc.)?

SCHOOL NAME: \_\_\_\_\_

SCHOOL MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Has this school officially accepted your application to become a student there? Yes \_\_\_ No \_\_\_

To what other schools have you applied? \_\_\_\_\_  
\_\_\_\_\_

What is your intended college major or field of study? \_\_\_\_\_  
\_\_\_\_\_

What are your career plans after college? \_\_\_\_\_  
\_\_\_\_\_

What other scholarships have you been awarded? \_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Total number of children dependent upon your parents for support: \_\_\_\_\_

Number of children in college: \_\_\_\_\_

Do you have a job? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, where: \_\_\_\_\_

How long have you worked: \_\_\_\_\_

Do you plan to work while attending college? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you applied for Financial Assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

**REQUIRED MATERIALS:**

1. Please provide a list of your involvement in community activities, a High School resume and a High School transcript.
2. Submit at least one letter of recommendation from persons other than family members who know you well (e.g. teacher, employer, club advisor, minister, etc.).
3. Personal Essay (3-5 paragraphs) stating why you feel you should receive this scholarship.