



Scholarship Coversheet

"The Power of a SMILE"

\$500 College Scholarship Application

Applicant's Name: _____

Current Address: _____

Current Telephone Numbers *(Please provide two if possible):*

(_____) _____ (_____) _____

Name of High School applicant is graduating from:

Name and address of College or Continuing Education, applicant is planning to attend:

I, _____, give my word that the following contest entry is entirely my own work. I have not recieved any coaching or advice, have not copied or used another person's work, ideas or committed plagiarism in any form. I understand that if I submit any work that is not mine, my entry will be disqualified. I give my permission to have my entry, name* and/or picture published in the local newspaper and on Loew & Patel Orthodontics website and social media pages.

(Signature of Applicant)

(Date)

**You may choose to have only your first name published.*

I, _____, the applicant's parent, verify that the above statement is true. My child is submitting his/her personal work and has not received assistance.

(Signature of Parent)

(Date)

Which office do you visit?

Flemington

Annandale

Bridgewater