

# **Academic Scholarship**

Dr. Miller has a very strong belief that professionals should play a significant role to strengthen and enhance our community. We realize that educational opportunity is one of the greatest means for our youth to succeed and reach their full potential.

The Miller Orthodontics' scholarship program awards are given annually to deserving high school seniors in our community. The scholarship money should be applied towards tuition, books, fees, housing, or related school expenses.

Grand Prize \$1,000

Runner-Up \$250

#### **Selection Criteria and Eligibility**

Applicants must currently be in orthodontic treatment, or have completed orthodontic treatment by Dr. Miller. Applications will be accepted from graduating seniors planning to attend an institution of higher learning for at least one year. All applicants must have a GPA of at least a 2.75 on a 4.0 scale, or equivalent, at the end of their senior fall semester for consideration of this scholarship. Scholarship recipients will be determined based on essays, academic achievement, and participation in school and community activities. Scholarship applicants do <u>not</u> have to be interested in dentistry or health-related professions.

#### **Application Process**

Attach (2) typed essays of 500 words or less on:

• Why are you a good candidate to receive this award?

-and-

• In your chosen field/career, how would you define your goals for personal and profession success?

To compete, you must submit a **completed application**, senior photo and a signed release form.

## **Mail Completed Applications To:**

Shawn L. Miller, DMD 1110 E. Chapman Ave. #205 Orange, CA 92866

The application with all supportive materials enclosed must be submitted to Miller Orthodontics and received or post marked no later than July 1. THERE WILL BE NO EXCEPTIONS.

# This section to be completed by the applicant's school

Please not	te that this scholarship	application must	be received by July 1			
Mail to :	Shawn L. Miller, DMD 1110 E. Chapman Ave. #205 Orange, CA 92866					
	Tel: 714-639-1061	info@MillerBr	aces.com			
Student's	Name					
Cumulativ	ve GPA	_ on a	scale as of the first semester senior year			
Are grade	es weighted?					
Class Ran	nk out of _					
SAT	ACT					
School						
School Ph	none Number					
Name of I	Designated School Off	icial				
Signature			Date			

#### **Parental Consent/Release Form**

There are several opportunities for the recognition and publicity of the student and Miller Orthodontics. We would like to celebrate the student recipient with a visit to our office for a picture for recognition with Dr. Miller. The picture may be used in publicity opportunities to support and recognize the student in media press and publications, and <a href="www.MillerBraces.com">www.MillerBraces.com</a> website announcements.

I give approval for my son/daughter to be photograph Program promotional, understanding that the photofor student recognition.	•
PARENT/ GUARDIAN'S SIGNATURE:	Date:
I certify that the information in this application is truknowledge. I understand that this information is con Orthodontics.	*
STUDENT'S SIGNATURE:	Date:



#### APPLICANTS WILL BE ACCEPTED FROM ALL CURRENT AND PAST PATIENTS

## **SCHOLARSHIP APPLICATION**

Applicant Name		Telephone	
Address			
Email			
College(s) admitted to	)		
List any honors, recog	gnitions, or awards y	you have received in high school	
-			

Non -School A				
Recent Work				
	Employer	Date Started		
name and ph		agree that lations purposes and cer knowledge.		
Student's sign	nature		Date	
		. 18)		

## **DEADLINE IS JULY 1**

## **Notification of Scholarship Winners**

Scholarship winners will be notified by mail by July 15 and their names and photos may be used for public relations purposes. The names of scholarship winners may be posted on the Miller Orthodontics website at www.MillerBraces.com.