

**GLENN H. GLASS, DMD, MS, PC
GLASS ORTHODONTICS
SCHOLARSHIP APPLICATION**

Student Information

Student Name _____ Phone Number _____

Address _____ City, State, Zip _____

School Presently Attending _____

Postsecondary school(s) admitted to _____

List any honors, recognitions or awards you have received _____

List extracurricular activities or organizations (both school and community) you have participated in, years of involvement, and indicate any office held _____

Recent work experience (most recent first)

Title	Employer	Date Started	Date Ended	Hours/Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all scholarships or monetary awards you are receiving and in what amount _____

Attach a senior photo (copy is fine) and an original typed 500-1,000 word essay on:

What Am I Doing And Plan To Do To Make A Difference In My Community?

ALL DECISIONS OF THE SCHOLARSHIP COMMITTEE ARE FINAL.

I, _____ agree Glass Orthodontics may use my name and photograph for public relations purposes and certify that all the above information is true and accurate to the best of my knowledge. This application, including the essay, is my own work.

I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Student's Signature _____ Date _____

Guardian's Signature _____ Date _____
(if student is under 18 years old)

School Official's Signature _____ Date _____