**Section I. Applicant Information**

All information is confidential and will only be seen by the Application Reviewers.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_

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

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orthodontist (Please circle one): Dr. Sosebee Dr. Britt

Date of Orthodontic Treatment (Ex. 7/07 – 06/09): \_\_\_\_\_\_\_

**Section II. Parent /Guardian Information**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from yours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: ( ) -\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from yours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: ( ) -\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Section III. School and Community Involvement**

List all school and community activities in which you have participated (e.g. student government, sports, clubs, volunteer work, church activities).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization or Activity** | **GR9** | **GR10** | **GR11** | **GR12** | **Position, Commendations, Honors, Awards** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section IV. Work Experience**

Please describe your work experience for the past two years. Indicate dates of employment in each job and approximate number of hours worked each week.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Position | Hours Per Week | Dates Employed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section V. Aspiration and Goals**

|  |  |
| --- | --- |
| In what do you plan to major? | In what career are you most interested? |
|  |  |
| Describe briefly any special talents you may have: | |

**Section VI. Personal Statement**

|  |
| --- |
| Please write a short essay (500-1000 words) of your plans as they relate to your educational objectives, personal goals and what impact your community service experience will have on your future goals. (Attach additional sheet, if necessary.) |

**You must document your hours of community service and have them signed off by the site supervisor. A minimum of 8 hours of community service is required to be eligible for the Sosebee and Britt Orthodontics Scholarship.**

|  |  |  |
| --- | --- | --- |
| **Community Service Project** | **Hours Completed** | **Supervisor Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |