

LINDSEY ORTHODONTICS 2025 SCHOLARSHIP APPLICATION

***Please check off each requirement before submitting your application)**

- You must be a current or past patient of Lindsey Orthodontics.
- A 2025 graduating high school senior with a college acceptance for Fall 2025.
- Weighted/Cumulative GPA of 3.0 or higher.
- Your essay must be included with this application. (Details listed on page 2).
- Please include an official sealed copy of your high school transcript from your school counselor.
- **Completed application turned in OR postmarked by March 14th, 2025.**

No Late Applications Accepted.

Failure to meet the 6 requirements above will void your application.

(Multiple \$500.00 Scholarships Will Be Awarded)

Student Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

High School: _____

GPA: Weighted/Cumulative: _____

Extra-curricular high school activities and Community Service:

(Attach sheet if needed)

Name of college you have been accepted to and plan to attend:

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Field of Study and Future career plans:

(Attach sheet if needed)

Essay Requirement

Please include an essay (250- 500 words) on why you believe you are a good candidate for this scholarship.

If Mailing: Please send completed application postmarked by March 14th, 2025 to:

LINDSEY ORTHODONTICS
ATTN: SCHOLARSHIP
120 West College Street, Suite A
Griffin, GA 30224

**In Person: If you would like to turn in your application in person you can bring it by our Griffin office by March 14th, 2025. We are open from 8am-5pm.
After Hours: If the door is locked there is a mail slot to the left of the door.**

STUDENT AND PARENTAL CONSENT

There are several opportunities for the recognition and/or publicity of the student. Lindsey Orthodontics would like for each scholarship recipient to pick up your scholarship check in person and allow our office to take a photo of you with your certificate. The photo may be used in publicity opportunities including, but not limited to our website, Facebook, Instagram, local papers/magazines, etc...

I give approval for my child to be photographed for any Lindsey Orthodontics Scholarship announcements, understanding that the photo may be posted on our website, Facebook, Instagram, local papers/magazines, etc... for student recognition.

Parent/Guardian Signature: _____ **Date:** _____

I certify that the information in the application is true, complete, and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Lindsey Orthodontics.

Student Signature: _____ **Date:** _____