

Glaser Orthodontics \$500.00 Scholarship

(Two scholarships will be awarded)

REQUIREMENTS

500 Word Essay on “Why I Want A Career In The Health Field”
Senior Photograph With Signed Release

APPLICATIONS WILL BE ACCEPTED FROM NINE LOCAL HIGH SCHOOLS

SCHOLARSHIP APPLICATION

Applicant Name _____ Telephone _____

Address _____

Email _____

HIGH SCHOOL ATTENDING _____

School Activities/Clubs: _____

Non/School Activities/Clubs: _____

DEADLINE IS MARCH 31, 2018

Parental Consent/Release Form

There are several opportunities for the recognition and publicity of the student and Glaser Orthodontics. Glaser Orthodontics would like to celebrate the student recipients with a visit to our office for a tour of the operations and take a picture for recognition with Dr. Barry Glaser. The picture may be used in publicity opportunities to support and recognize the student in media press and publications, and/ www.glaserortho.com website announcements.

I give approval for my son/daughter to be photographed for the Glaser Orthodontic Scholarship Program promotional, understanding that the photo may be posted on www.glaserortho.com website for student recognition.

PARENT/ GUARDIAN'S SIGNATURE: _____ Date: _____

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

STUDENT'S SIGNATURE: _____ Date: _____