

**POBANZ ORTHODONTICS SCHOLARSHIP
"BEST OF THE REST"
STUDENT APPLICATION FORM**



Open to Past and Present Patients of Pobanz Orthodontics that graduate from High School in 2011 and haven't received any other scholarships. Selection is based upon merit and need. Applications will be reviewed by a committee independent of the orthodontic practice.

Five- \$1000 Scholarships will be awarded.

Applications accepted until April 14, 2011

Instructions: Complete this form and return the application with the following documentation:

- Official high school transcript of credits (including current high school GPA and ACT or SAT scores, if available)
- Verification of high school graduation date by high school administrator (this date may be included on the transcript)
- Essay- choose a topic from the two listed below – please write on a separate piece of paper.
"How have all your acquired experiences shaped your career goals?"
"Describe a successful student and what a college education means to you."

Scholarship applications returned without the above materials will not be eligible to be considered for the scholarship.

Scholarship Applicant (please print)

Name _____
Last, First, MI

Social Security# _____

Address _____

City_____State_____Zip_____

Phone Number_____Cell_____

Date of birth_____Gender_____

High School Attending_____

School District_____ Graduation Date_____

ACT Score Composite_____ SAT Score Composite_____

Cumulative High School GPA_____

Name of College or University planning to attend_____

What are your major accomplishments _____

Extra-Curricular Activities_____

I certify that all information on this application form and the attachments are true and correct.

Signature of Applicant_____ Date_____

**Mail or Return Application and Required Documentation to:
Pobanz Orthodontics
1508 East Skyline Dr Ste 200
South Ogden, UT 84405
(801)627-0500**

All Completed applications due April 14, 2011

SCHOLARSHIP CONSENT

Each year Pobanz Orthodontics celebrates the student recipients with an award ceremony and a photo with Dr. John Pobanz. The photo may be used in conjunction with our internet communication and on display in our office.

I give consent for my son/daughter to be photographed for the Pobanz Orthodontic Scholarship Program and understand that the photo may be posted on our website, blog, and or facebook for student recognition.

PARENT/GUARDIAN SIGNATURE

DATE:

STUDENT SIGNATURE

DATE:
