



**FARNSWORTH FAMILY ORTHODONTICS HEALTH PROFESSIONS SCHOLARSHIP**

**APPLICATION FORM**

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We are pleased to invite graduation seniors who are seeking a career in the healthcare field (*e.g.*, dentist, dental hygienist, orthodontist, physician, nurse, etc.) to apply for the Farnsworth Family Orthodontics scholarship. Farnsworth Family Orthodontics intends to award one \$1,000 scholarship.

To be considered for these scholarships, a student must:

1. Be a high school senior in the areas served by Farnsworth Family Orthodontics;
2. Intend to pursue studies in a healthcare field;
3. Complete the personal information section below;
4. Compile the required Scholarship Packet as described on the following page; and
5. Email this Application Form and the Scholarship Packet, which must be received by March 1<sup>st</sup>.

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**APPLICANT PERSONAL INFORMATION**

Name		High School
Date of Birth	Telephone Number	Email Address
Home Address		
Cumulative High School GPA		Vocational Goal
Intended College	College Address	Major

What other scholarships have you received for the upcoming school year?

I affirm that all statements included in this scholarship packet are true, complete and correct. I authorize the use of my photo and the investigation of all matters that Farnsworth Family Orthodontics deems relevant to my application, including all statements made in this application and any attachments or supporting documents. I authorize you to request and receive such information and release Farnsworth Family Orthodontics from any and all liability that might result from making such an investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **INSTRUCTIONS FOR SCHOLARSHIP PACKET REQUIREMENTS**

1. **Personal Letter from Applicant**  
Write a letter directed to the Farnsworth Family Orthodontics Scholarship Committee describing your career and educational goals, including how you intend to reach those goals. Describe the qualities you have developed that will help you succeed in obtaining your goals. Tell us what obstacles you have faced in the past and how you have overcome them.
2. **Letters of Recommendation**  
Please provide two letters of recommendation from teachers, counselors, volunteer leaders, or work supervisors who can describe your abilities and potential to succeed as you pursue a career in the healthcare field. At least one of the letters must speak to your academic excellence.
3. **Activity Sheet**  
Please list the activities and community service that you have been involved in during high school.
4. **High School Transcript**  
Please include a recent copy of your high school transcript.
5. **Applicant Photo**  
Please include a headshot photograph of yourself. With your permission (as evidenced by your signature on the Application Form, the photo may be included on our website or with any press releases sent to the media announcing scholarship recipients.
6. **Email the following to [scholarship@farnsworthorthodontics.com](mailto:scholarship@farnsworthorthodontics.com):**
  - a. Completed Scholarship Application Form;
  - b. Personal letter from applicant;
  - c. Two letters of recommendation;
  - d. Activity sheet;
  - e. High school transcript; and
  - f. Photo.

**REMINDER—PACKETS MUST BE RECEIVED BY MARCH 1<sup>ST</sup>**