

GILL ORTHODONTICS SCHOLARSHIP PROGRAM

Type of Scholarship

The Gill Orthodontics Scholarship Program awards two nonrenewable \$1000 scholarships annually with \$500 distributed each semester beginning in the fall. All scholarship money will go directly to the school to be applied towards tuition, books, fees, housing, or related expenses. If the student does not continue full time status for the second semester, the remaining \$500 will not be awarded.

Selection Criteria and Eligibility

Applicants must currently be in orthodontic treatment, or have completed orthodontic treatment by Dr. James Gill, D.D.S. Applications will be accepted from graduating seniors planning to attend an institution of higher learning for at least one year. All applicants must have a GPA of at least a 2.5 on a 4.0 scale, or a 3.75 on a 6.0 scale at the end of their senior fall semester for consideration of this scholarship. Scholarship recipients will be determined based on essays, academic achievement, and participation in school and community activities.

Application Process

1. The Gill Orthodontics Scholarship application form is to be completed by the student and school official after the first semester GPA has been determined.
2. Attach (2) typed essays on:
 - a) What do you consider to be the most pressing problem we face today? Why? (3-5 paragraphs, 300 words or less)
 - AND**
 - b) What is your favorite book and why? (50 words or less)

The application with all supportive materials enclosed must be submitted to Gill Orthodontics and postmarked or received no later than March 15, 2017. THERE WILL BE NO EXCEPTIONS.

Notification of Scholarship Winners

Scholarship winners will be notified by mail by April 15, 2017, and their names and photos may be used for public relations purposes. The names of scholarship winners will be posted on the Gill Orthodontic website at <http://www.gillorthodontics.com>.

GILL ORTHODONTICS SCHOLARSHIP APPLICATION

Student Information

Student Name _____ Home Phone _____
(Last) (First) (MI)

Address _____
(City) (State) (Zip Code)

School Presently Attending _____

Postsecondary school(s) admitted to _____

List any honors, recognitions, or awards you have received _____

List extracurricular activities or organizations (both school and community) you
have participated in, years of involvement, and indicate any office held _____

Recent work experience (most recent first)

Title	Employer	Date Started	Date Ended	Hrs/Wk
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all scholarships or monetary awards you are receiving, and in what amount

Name and address of local newspaper _____

3. Attach (2) typed essays on:
- a) What do you consider to be the most pressing problem we face today?
Why? (3-5 paragraphs, 300 words or less)
- AND**
- b) What is your favorite book and why? (50 words or less)

I, _____ agree that Gill
Orthodontics may use my name and photograph for public relation purposes, and certify
that all of the above information is true and accurate to the best of my knowledge.

Student's Signature _____ Date _____
Parent's Signature _____ Date _____
(if student is under 18 yrs. old)

This section to be completed by applicant's school

Please note that this scholarship application must be postmarked or received by **March 15, 2017.**

Mail to: Gill Orthodontics Scholarship
7244 E. Virginia St.
Evansville, IN 47715

Phone number: 812-476-1377 Toll Free 888-476-1377

Cumulative GPA _____ on a _____ scale as of end of first semester senior year.

Are grades weighted? _____

Class Rank _____ out of _____

SAT total _____ ACT total _____

School phone number _____

Signature and title of school official verifying GPA and scores

Date _____