

# GILL ORTHODONTICS SCHOLARSHIP PROGRAM

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## 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) Please share one of your favorite memories that makes you smile. (3-5 paragraphs, 300 words or less)
  - AND**
  - b) If you were a flavor of ice cream, what would you be & 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 24, 2022. THERE WILL BE NO EXCEPTIONS.**

## Notification of Scholarship Winners

Scholarship winners will be notified by mail by April 21, 2022, 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) Please share one of your favorite memories that makes you smile. (3-5 paragraphs, 300 words or less)
- AND**
- b) If you were a flavor of ice cream, what flavor would you be & 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 24, 2022**.

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 \_\_\_\_\_