2019 Weaver Orthodontics Scholarship Parental Consent

Weaver Orthodontics will invite the scholarship recipient to visit our office and have their photo taken with Dr. Weaver. The photo may be used on our website, social media websites and/or on display in our office.

If my child is awarded this scholarship, I understand that their photo will be posted on the Weaver Orthodontics website and social media websites.

_____

Print Applicant Name Date

_____

Student Signature Date

_____

Parent/Guardian Signature Date

2019 Weaver Orthodontics Scholarship Application

Requirements:

- Current or former patient of Dr. Weaver
- Graduating high school in May/June 2019
- Will be enrolled and attending college in the fall 2019
- One page essay on **"The Importance of a Smile"**
- Current photo
- Completed and signed application and consent form
- ***Deadline June 28, 2019***

Name: _____

Address: _____

_____

Best Contact Phone: _____

Email: _____

GPA: _____SAT Score: _____ACT Score: _____

High School: _____

University Attending in the Fall: _____

School Activities and Community Involvement:

_____

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_____

_____

_____

Mail Completed Application, Consent, Essay and Photo to:

Weaver Orthodontics
35 Professional Drive
Brunswick, GA 31520
RE: Scholarship Application

"I hope your dreams take you to the corner of your smiles, to the highest of your hopes, to the windows of your opportunities and to the most special places your heart has ever known." ~ Author Unknown