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..... ORTHODONTICS

Scholarship Application Form

Personal Information:

1. Full Name:

2. Date of Birth: ___/___/___

3. Gender:

4. Mailing Address:

5. Email Address:

6. Phone Number:

Academic Information:

7. Name of High School:

8. GPA (on a 4.0 scale):

9. Intended College/University:

10. Intended Major/Field of Study:

Extracurricular Activities: List any extracurricular activities you have participated in during high school (e.g., clubs, sports, community service, etc.). Include any leadership roles held.

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Essay: Please write an essay (500-750 words) addressing the following prompt: Describe a challenge you have faced in your life and how you have overcome it. How has this experience shaped your character and influenced your academic or personal goals? (this can be done on separate sheet of paper if needed)

References: Please provide the contact information (name, email, phone number) for two references (e.g., teacher, counselor, employer, coach) who can speak to your character, academic achievements, and extracurricular involvement.

Certification: By signing below, I certify that all information provided in this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Submission Instructions: Please submit this completed application form along with your essay, references, and a sealed copy of your transcript via mail or in person by May 9th at 4:00 pm

ALL APPLICATIONS MUST BE MAILED OR HAND DELIVERED TO ONE OF OUR THREE LOCATIONS:

Rêve Orthodontics
1789 Clairmont Rd
Decatur GA 30033

Rêve Orthodontics
2371 Henry Clower Blvd
Suite A Snellville, GA 30078

Rêve Orthodontics
931 Monroe Drive Suite C
201 Atlanta GA 30308