



McReynolds Orthodontics will award a current or former patient with a one time \$1000 scholarship to the school of their choice

Due Date April 15, 2024

Applications should be sent to:

McReynolds Orthodontics
100 Brandon Road, Suite E
Starkville, MS 39759

Applications should include:

Completed Application Form (attached)
One letter of recommendation from a teacher or guidance counselor



McReynolds Orthodontics Scholarship Application

Last name First Name Middle Initial

Address City State Zip Code

Phone Number Cell Phone Number

Email address Names of Parents

___ Male ___ Female Date of Birth _____

Name of High School GPA Rank in class ACT/SAT score

What College/University are you planning to attend? _____

What do you plan to study/major in? _____

Briefly describe how having orthodontic treatment changed or enhanced your life...

What sets you apart from other students applying for this scholarship?

