

## 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	s of Parents	
MaleFemale	Date of Birth			
Name of High School	GPA		Rank in class	ACT/SAT score
What College/University are y	ou planning to attend?	>		
What do you plan to study/ma	ajor in?			
Briefly describe how having or	thodontic treatment c	hanged or	enhanced your li	fe
What sets you apart from other	er students applying fo	or this scho	larship?	

Please list extra curricular activities and organizations that you are involved in
Please list any awards, outstanding achievements, and other scholarships that you have earned
Please do not forget about the letter of recommendation that is necessary in addition to your
application. Thank you for applying for the McReynolds Orthodontics Scholarship, we look forward to
considering your application.
Date and time of your school's Awards Program