



**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, 2025

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?

\_\_\_\_\_  
\_\_\_\_\_

Please list extra curricular activities and organizations that you are involved in...

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Please list any awards, outstanding achievements, and other scholarships that you have earned...

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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 \_\_\_\_\_