

Riverview Orthodontics Scholarship Application

This \$500 scholarship was established by Riverview Orthodontics, P.C., to promote continuing education and encourage our patients to strive for excellence.

Personal Information

Name: _____
first name *middle name* *last name*

Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Current Mailing Address: _____

City _____ State AL Zip Code _____

Home Telephone Number(s): _____

Parents' Names: _____

Number of persons living in home ____ Number in college in 2009-2010 (including applicant) ____

Please list the names and amounts of any scholarships you have received: _____

Education

High School Name _____ Graduation Date May / ____ / 2010

If you are selected as the recipient of the Riverview Orthodontics Scholarship, a check will be mailed directly to the school or college you plan to attend.

College Name _____

City _____ State _____

Scholarship Deadline

Your completed application must be submitted no later than March 31 to

Scholarship Committee
Riverview Orthodontics, P.C.
815 Rice Mine Road, N
Tuscaloosa, AL 35406

If you have questions, you may contact Tracy Barton at tracyb@rivervieworthodontics.com or (205) 752-4343.

Essay

In a short essay (approximately 500 words), please explain why you feel you deserve this scholarship.

Name: _____
first name *middle name* *last name*

Academic Profile

To be completed by high school counselor or principal. An official copy of the student's transcript must be attached.

Applicant's Name _____

Overall Grade Point Average from 9th Grade _____

ACT Score _____ SAT Score (if applicable) _____

Name of Person Completing Form _____

Signature of School Official _____

Date _____ Phone Number _____

Mail Completed Form to
Scholarship Committee
Riverview Orthodontics
815 Rice Mine Road North
Tuscaloosa, AL 35406

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Deadline for receipt is March 31.

