### **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	ė	last name	
Social Security	Number:	-	Date of Birth:	/	/
Current Mailing	g Address:				
City		Sta	te Zip Co	de	
Home Telephor	ne Number(s):				
Parents' Names	3:				
Number of pers	sons living in home	Number in colleg	e in 2024 - 2025	5 (including appl	icant)
Please list the n	names and amounts of	any scholarships	you have receiv	ed:	
If you are selected school or college y	meas the recipient of the Riverou plan to attend.	rview Orthodontics S	Scholarship, a chec		-
Conege Maine_					
City			State		

## **Scholarship Deadline**

Your completed application must be submitted no later than March 31st to Scholarship Committee
Riverview Orthodontics, P.C.
815 Rice Mine Road, N
Tuscaloosa, AL 35406

If you have questions, you may contact Macy Elmer at <a href="mailto:pro@rivervieworthodontics.com">pro@rivervieworthodontics.com</a> or (205) 752-4343.

		<b>Essay</b> ately 500 words), please explain why y	
In	a short essay (approxima	ately 500 words), please explain why y	ou 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	

You may also bring your completed application to the office.

Deadline for receipt is March 31st.

If you have questions, you may contact Macy Elmer at <a href="mailto:pre@rivervieworthodontics.com">pre@rivervieworthodontics.com</a> or (205) 752-4343

# **Résumé of Activities**

	Full Name	
_	Street Address	
_	City, State Zip Code	
_	Telephone	
_	e-mail address	
hool Honors and Ac		
in reverse chronological order (M Name of Organization, Club, or	Nost recent first) Athletic Group	Grade(s) Participated
mmunity Activities		
	p/Community Group	Grade(s) Participated
ork Experience	of Employer	
	of Employer	
Job Title		
Dates Worked	to	

Note: This form is a résumé starter. If you already have a résumé, please disregard this page and attach a copy of your résumé.