

LaFerla-Wilson Orthodontic Team Scholarship 2023

- Criteria:**
1. Current or Former Patient of LaFerla-Wilson Ortho
 2. Financial Need
 3. Essay

Name: _____ Address: _____
High School: _____

Proposed Field of Study: _____
School Most Likely to Attend: 1st Choice _____
2nd Choice _____

Extra-Curricular Activities in High School: _____

Work Experience during high school (paid or volunteer work): _____

Community Involvement: _____

Financial Need:

Please indicate the approximate family annual income:

_____ under \$50,000 _____ over \$50,000

Total number of family members living at home: _____

Number of dependents in your family currently attending college full time: _____

TO BE FILLED IN BY GUIDANCE COUNSELOR: Deadline April 3rd, 2023

Class Rank at end of Junior Year _____ of _____ students, Total GPA _____

ACT score _____ SAT scores _____ Signature _____

Comments:

In 500 words or less, please tell us why you are the best candidate for this scholarship.