

2020 Weaver Orthodontics Scholarship Parental Consent

Weaver Orthodontics will invite the scholarship recipient to visit our office and have their photo taken with Dr. Weaver. The photo may be used on our website, social media websites and/or on display in our office.

If my child is awarded this scholarship, I understand that their photo will be posted on the Weaver Orthodontics website and social media websites.

Print Applicant Name

Date

Student Signature

Date

Parent/Guardian Signature

Date

2020 Weaver Orthodontics Scholarship Application

Requirements:

- Current or former patient of Dr. Weaver
- Graduating high school in May/June 2020
- Will be enrolled and attending college in the fall 2020
- One page essay on **"The Importance of a Smile"**
- Current photo
- Completed and signed application and consent form
- **Deadline August 1, 2020**

Name: _____

Address: _____

Best Contact Phone: _____

Email: _____

GPA: _____ SAT Score: _____ ACT Score: _____

High School: _____

University Attending in the Fall: _____

School Activities and Community Involvement:

Mail Completed Application, Consent, Essay and Photo to:

Weaver Orthodontics
35 Professional Drive
Brunswick, GA 31520
RE: Scholarship Application

"I hope your dreams take you to the corner of your smiles, to the highest of your hopes, to the windows of your opportunities and to the most special places your heart has ever known." ~ Author Unknown