



Bob Travers Student of Integrity Scholarship

2019 APPLICATION FORM

Print and legibly complete this form and submit with your scholarship application package.

Incomplete applications will not be considered.

Student Name: _____

Student Street Address: _____

City: _____ State: _____ Zip: _____

Student's Home Phone (_____ Student's Cell Phone (_____) _____

Student Email: _____

Parent or Legal Guardian's Name: _____

Address if different from above: _____

Parent or Legal Guardian's Email Address: _____

I learned about this scholarship from:

High School Staff Scholarship website

School Website Todd Harmon Orthodontics

I have enclosed all of the items listed on the scholarship award checklist found in the application guide.

By submitting an entry for the Bob Travers Student of Integrity Scholarship sponsored by Todd Harmon Orthodontics, I certify that the statements contained in this application are true, accurate and complete. I understand and agree that any scholarship funds received will be distributed directly to my post-secondary institution upon verification of enrollment.

I also agree that this entry becomes the property of Todd Harmon Orthodontics; and my name and essay may be released to the public and news media.

Student's signature: _____ Date: _____

Parent or Guardian signature: _____ Date: _____

Deadline: All materials for scholarship consideration must be submitted together and your entry packet must be postmarked by **Friday, April 5, 2019.**

Please note: Applications cannot be submitted electronically. See Application Guide for submission details.