

2020 APPLICATION FORM

Print and <u>legibly complete</u> this form and submit with your scholarship application package.

Incomplete applications will not be considered.

Student Name:				<u>.</u>	
Student Street Add	ress:				
City:		State:	Zip:		
Student's Home Ph	one (Student's C	ell Phone ()		
Student Email:					
Parent or Legal Gu	ardian's Nam	e:			
Address if different	from above:				
Parent or Legal Gu	ardian's Ema	il Address:			
I learned about this	s scholarship	from:			
High School Staff	\bigcirc	Scholarsh	ip website	\bigcirc	
School Website	\bigcirc	Todd Har	mon Orthodontics	\bigcirc	
I have enclosed all	of the items li	sted on the scholarship a	ward checklist found	in the application guid	e.
Orthodontics, I cert	tify that the st ree that any s	ob Travers Student of Int tatements contained in th scholarship funds receive nrollment.	nis application are tru	ue, accurate and comple	ete. I
I also agree that th may be released to	-	nes the property of Todd d news media.	Harmon Orthodontio	cs; and my name and ess	say
Student's signature	?:		Date:		
Parent or Guardian	signature: _		Date: _		
Deadline : All mate	rials for scho	larship consideration mu	st be submitted toge	ther and your entry pac	ket

must be postmarked by **Friday, April 3, 2020**.

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