

## **DOLESKI & WOLFORD ORTHODONTICS SCHOLARSHIP PROGRAM**

The Doleski & Wolford Orthodontics Scholarship Program offers the opportunity to support the college costs for graduating high school students. Two (2) \$1000 scholarships will be awarded on a competitive basis to graduating seniors from the local area.

### **Eligibility Requirements**

All applicants must:

- be a graduating high school senior;
- have a minimum 3.2 Grade Point Average;
- be accepted by and plan to attend an accredited vocational or technical school (two-year) or four-year college or university;
- be interested in studying dental, medical or a related field; and
- submit a complete Doleski & Wolford Orthodontics Scholarship application

### **A Complete Application Includes**

- a completed Doleski & Wolford Orthodontics application form (attached);
- a personal essay that explains how your planned career in the dental/medical field will contribute to society; and
- your most recent high school transcript

### **Additional Information**

1. Recipients will be announced in May and will receive a letter from Doleski & Wolford Orthodontics.
2. Recipients must submit a certificate of admission or letter of acceptance to Doleski & Wolford Orthodontics by July 1.
3. Scholarship funds may be used for tuition, books, laboratory fees and other academic costs, and room and board if the student will reside in campus housing. Funds cannot be used for personal expenses.
4. A scholarship check will be sent directly to the institution by the end of the 3<sup>rd</sup> week of August.
5. If a recipient stops attending the institution and there are Doleski & Wolford Orthodontics Scholarship funds remaining, the institution shall return the balance to Doleski & Wolford Orthodontics.
6. If a scholarship recipient delays commencement for any reason, the scholarship funds will be available for up to two years from the date of high school graduation.
7. The completed application form, essay and high school transcript must be postmarked and mailed or hand-delivered to Doleski & Wolford Orthodontic's office in a sealed envelope clearly marked "Doleski & Wolford Orthodontics Scholarship" no later than the last Friday of April.



**SECTION IV. Activity Section – to be completed by student**  
**MUST BE TYPED OR PRINTED**

**NAME OF CLUB/ACTIVITY  
 SPONSORED BY HIGH SCHOOL**

**SCHOOL YEAR**  
 Mark (x) appropriate slot

(Honor Society, Yearbook, Newspaper, etc.)	9	10	11	12	Major Office Held	Most Significant Contribution

**NAME OF EXTRACURRICULAR  
 ACTIVITY SPONSORED BY  
 HIGH SCHOOL**

**SCHOOL YEAR**  
 Mark (x) appropriate slot

(Band, Choir, Sports, Cheerleading, etc.)	9	10	11	12	Honor/s	Most Significant Contribution

**WORK EXPERIENCE**

**SCHOOL YEAR**  
 Mark (x) appropriate slot

**SCHOOL YEAR**  
 Mark (x) appropriate slot

SCHOOL YEAR EMPLOYER	9	10	11	12	SUMMER EMPLOYER	9	10	11	12

**COMMUNITY ACTIVITY/VOLUNTEER**

**SCHOOL YEAR**  
 Mark (x) appropriate slot

ORGANIZATION/ACTIVITY	9	10	11	12