



SCHOLARSHIP PROGRAM

SNOW ORTHODONTICS awards ten (10) \$500.00 scholarships each year to graduating seniors with plans to enter the health field. Gilbert H. Snow, D.D.S. and/or a member of his staff, will attend our scholarship winners' individual School Award Ceremony and present them with a check for \$500.00, a Certificate of Achievement, and a Snow graduation gift.

REQUIREMENTS:

- ~ Must be a student in grade 12 for the current school year
- ~ GPA of 3.3 or better

MAIL APPLICATIONS TO:

SNOW ORTHODONTICS
247 East Palmdale Boulevard, Suite A
Palmdale, CA 93550
Attention: Char Brash

PLEASE MAKE SURE YOU ATTACH ALL OF THE FOLLOWING:

- Completed Scholarship Application
- Proof of GPA
- 500 Word Essay: "Why I Want a Career in the Health Field"
- Senior Photo (Release Section of the Scholarship Application **MUST** be signed)

DEADLINE IS MARCH 1, 2008

No late applications will be accepted or considered!

If you have any questions, please contact Char Brash, Chief Marketing Officer for SNOW ORTHODONTICS at: (661) 273-0425 or charsnowortho@hotmail.com.

For more information about the Snow Orthodontics Scholarship Program, visit www.drsnow.com/scholarships.



SCHOLARSHIP APPLICATION

Student's Name: _____

Address: _____

Telephone: _____ Date of Birth: _____ Age: _____

High School Name: _____

Current Grade: _____ (*Only Grade 12 qualifies*) Current GPA: _____

How did you hear about the Snow Orthodontics Scholarship Program (teacher, school counselor, Snow Orthodontics Employee, Snow Orthodontics Patient, newspaper, radio, website, etc.)?

ATTACH REQUIRED 500 WORD ESSAY:

In 500 words or less, attach a written essay explaining why you are applying for this scholarship and what plans you have with regard to a career in the health field.

List extracurricular school and/or community activities in which you participate. Describe your role in each activity.

Is there any additional information about you that you would like us to know about? You may include special achievements or activities, hobbies, talents, or anything you believe might be useful to Snow Orthodontics in evaluating your application.

STUDENT AND/OR PARENTAL CONSENT:

There are several opportunities for the recognition and/or publicity of the student and Snow Orthodontics. The attached picture may be used for publicity opportunities including, newspapers and the SNOW ORTHODONTICS website.

I _____ hereby authorize the photograph submitted on this _____ day of _____, 2008 to be used for the purpose of promotion for **SNOW ORTHODONTICS**. Understanding that the photo may be posted on our website: **www.drsnow.com** for student recognition.

(Student Signature)

(Parent Signature if Student is Under the Age of 18)

I certify that the information in and/or attached to this application is true, complete, and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Snow Orthodontics.

STUDENT'S SIGNATURE: _____ Date: _____