**Baltimore Orthodontic Group's Annual Scholarship Award Program**

**2024 Application**

Baltimore Orthodontic Group in Lutherville will be awarding one (1) $1,500.00 high school student in their senior year who is planning to attend a full-time accredited two or four year college of their choice in 2024.

All applications will be judged by our Scholarship Committee. Personal information will be redacted prior to review by the Scholarship Committee. Awards will be made during the month of August, 2024. Checks will be made payable to the recipient. Incomplete applications will not be considered. All decisions are final.

**To participate in the scholarship program you must meet the Eligibility Requirements/Application Check list:**

Please complete the application in its entirety. Incomplete applications will not be considered.

* Applicant must be graduating from high school in 2024
* Applicant must be a previous patient of the Baltimore Orthodontic Group and must have completed treatment or is currently in treatment.
* A letter of acceptance from the school of your choice is required at the time the application is submitted, or no later than June 30, 2024
* Two references, one personal and one academic, must be submitted with the application. Personal references must be someone other than a family member.
* Application, essay and questionnaire responses must be complete and will be judged on content, originality and writing conventions.

All essays responses will become property of the Baltimore Orthodontic Group and may be used and reprinted in any and all marketing materials in the future.

Completed applications must be submitted electronically to pamelajohns@braceworks.com or hand- delivered to Baltimore Orthodontic Group Lutherville Office, 2324 W. Joppa Road, Suite 430, Lutherville, MD 21093 by June 30, 2024. Applicants will be notified in writing of the committee's decision by July 30, 2024.

**2024 Scholarship Application**

Applicants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Applicant must be a past or present patient of the Baltimore Orthodontic Group (Lutherville) Office.

Applicant's Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List and attach two (2) letters of recommendation (academic and personal)

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List other school activities in which you have participated:

List community activities, service organizations, etc., outside of school, in which you have participated. Indicate any office held:

College Applicant will attend fall of 2024:

\*Attach a copy of your Letter of Acceptance (must be submitted no later than June 30, 2024)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Questions: Please give a thoughtful response of no more than 300 words.

1. You are off to college. What will be your selected major and why? If you have not selected a major that is ok, tell us how continuing your education will help you in the future?

Essay Question: Please give us a thoughtful response of no more than 600 words to the following essay question.

Congratulations you graduated from high school and are off to college. You will meet many new people and share many new experiences. Please tell us how having a beautiful smile has made a difference in your life and will affect you in the future?

**Baltimore Orthodontics Group**

**Lutherville**

I hereby grant permission to the Scholarship Committee to verify all information submitted in support of this application. I understand the decision of the Scholarship Committee is final. I also understand that my essay responses may be used in any and all marketing materials for Baltimore Orthodontics Group now or in the future.

If selected as a recipient of this scholarship. Baltimore Orthodontic Group has permission to publish my name and/or photograph in any future publications or marketing materials.

Any tax responsibilities will be the obligation of each scholarship winner.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian

For questions, please contact Pamela Johns at pamelajohns@braceworks.com or 410-321-0505

Please sign and print your application. Submit completed applications with required supporting documentation electronically to pamelajohns@braceworks.com or hand-deliver to the Baltimore Orthodontic Group Office by June 30, 2024