



## **GORDON & DESANTIS SCHOLARSHIP PROGRAM**

Each year, Gordon Orthodontics provides two (2) \$1000.00 scholarships to graduating high school seniors who are either current or former patients of Gordon & DeSantis Orthodontics.

Scholarship applicants must submit the application and an essay highlighting how your orthodontic treatment has benefited you. The essay must be 500 words or less. The criteria for scholarship selection is based on achievement (3.5 cumulative GPA and combined SAT scores of 1000 and/or ACT scores of 24, leadership, and service throughout the high school years, along with the essay and references. These attributes can be represented through school, community, or church activities.



**2020 SCHOLARSHIP APPLICATIONS ARE DUE BY MARCH 1, 2020**

Please mail or deliver to:

Gordon & DeSantis Orthodontics  
140 Shawnee St.  
Greenville, OH 45331

Gordon & DeSantis Orthodontics  
1930 Prime Ct. Suite 102  
Troy, OH 45373

**[Click here to download application](#)**

Thank you for taking the time to apply for the Gordon & DeSantis Orthodontics Scholarship. It is a privilege and an honor for us to be able to give back to our orthodontic families, and to reward those students with a drive and desire to make a positive difference in our community and the world. We wish each of you the best of luck in your coming college career and would like to encourage you to never give up on your dreams!

Best Wishes,

Dr. Gordon and Dr. DeSantis

# GORDON & DESANTIS ORTHODONTICS

## SCHOLARSHIP APPLICATION

1. Applicant's Full Name \_\_\_\_\_  
Last Name      First Name      Middle Initial

2. Applicant's Complete Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

3. Current patient, *yes* or *no*. If no, month and year of orthodontic completion:

\_\_\_\_\_  
4. Date of expected high school graduation:

\_\_\_\_\_  
5. Current high school:

\_\_\_\_\_  
6. Current high school Academic Cumulative **GPA** \_\_\_\_\_ on scale of \_\_\_\_\_

**SAT** scores \_\_\_\_\_ **ACT** scores \_\_\_\_\_

High School Counselor signature to verify \_\_\_\_\_

7. Name of college(s) applying to: \_\_\_\_\_

8. List the names of your references, limited to two (2) total. Please attach reference letters with application

9. List high school extra-curricular activities and include years participated. (Student Government, sports, clubs, arts, drama, etc.).

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**10. List public service and community activities you participated in or led in high school and include years participated. (Homeless services, mission work, environmental protection, etc.) Do not repeat items listed previously.**

**11. List part-time and full-time jobs held during high school.**

**12 List awards, publications, and special recognitions you have received during high school and include year received.**

**13. What experience have you had participating in the arts?**

**14. What is your vision for your future career?**

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**PARENTAL CONSENT**

There will be several opportunities for the recognition and publicity of the recipient. Photos of the presentation may be used in publicity opportunities to support and recognize the recipient in media press and publications.

I give approval for my son/daughter to be photographed for the Gordon & DeSantis Orthodontics Scholarship Program.

**PARENT/GUARDIAN'S SIGNATURE**\_\_\_\_\_

**Date**\_\_\_\_\_

I certify that the information in the application is true, complete and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Gordon & DeSantis Orthodontics.

**STUDENT SIGNATURE**\_\_\_\_\_

**Date**\_\_\_\_\_

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