



WEST VALLEY ORTHODONTICS SCHOLARSHIP PROGRAM

The West Valley Orthodontics Scholarship Program offers the opportunity to support the College costs for graduating high school students. Two \$500 scholarships will be awarded on a competitive basis to graduating seniors from the local area. Winners will be notified by mid-May to assist in the student's college decision.

Eligible Applicants must:

1. Be a senior attending a state accredited public or private high school. The applicant must reside in Maricopa County.
2. Demonstrate outstanding academic achievement, strong participation in school activities and community service. Minimum criteria are a 3.5 cumulative GPA and combined Math and Verbal SAT I scores of 1100.
3. Be a candidate for high school graduation at the end of the current academic year and plan to enroll as a full-time student in an accredited college or university.

How to Apply:

If the applicant meets the preceding eligibility requirements, he/she may obtain an application from the high school guidance counselor or from our Litchfield Park or Surprise office. An application may also be downloaded from our web page www.westvalleyortho.com by clicking on the scholarship icon. Each applicant must submit:

- 1) West Valley Application form
- 2) High school transcript and recent SAT I scores
- 3) Two letters of recommendation: one from a guidance counselor, a teacher **or** high school principal and a second letter that is a personal reference from a non family member
- 4) Any other information which might be helpful or will aid your application
- 5) Signed parental consent form

The completed Application Form, Letters of Recommendation and supporting documents must be postmarked or delivered to our office in one envelope no later than **April 1, 2010**.

Mail or deliver Applications to:

**West Valley Orthodontics
Dr Luke Cain
Scholarship Program**

**13575 W. Indian School Road
Suite 900
Litchfield Park, AZ 85340
Or
15276 W. Brookside Lane
Suite 140
Surprise, AZ 85374**

8. COLLEGE INFORMATION:

Colleges/Universities to which you have applied or will apply	Have you been accepted? Yes/No/Not Heard

College you hope to attend as a full time student:

Address: _____

9. EDUCATIONAL INFORMATION:

Please include a copy of your transcript through January 2010 and a copy of your SAT I test scores.

High School: _____

Address: _____

Date of Graduation: _____ Number of students in class: _____

Class Rank: _____ Cumulative GPA: _____

SAT I Scores: Verbal: _____ Math: _____

High School: Academic Honors/Awards/Accelerated Courses

10. OTHER ACTIVITIES DURING HIGH SCHOOL YEARS:

A. Extracurricular activities (Organizations, clubs, sports, publications, art, music, drama, public speaking, contests, etc. Indicate honors, awards, or letters won):

Description of Activity	Activity Associated With	Honor, Award, Letter Won	Length of Participation

B. VOLUNTEER ACTIVITIES: (School, Church, Community, etc;)

Description of Activity	Activity Associated with	Length of Participation

C. EMPLOYMENT EXPERIENCES:

Name of Employer	Position	Dates of Employment

11. Typed on a separate sheet of paper, tell us “Why you are interested in pursuing a college education and what personal events have lead you to this goal”?

THE WEST VALLEY ORTHODONTICS SCHOLARSHIP FUND

LETTER OF RECOMMENDATION

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. Reference will return the completed letter to you in a sealed envelope. Two Letters of Recommendation must be included in your submitted application package.

APPLICANT'S NAME: _____

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS OF REFERENCE: _____

TO REFERENCE:

The applicant named above has applied for a scholarship from West Valley Orthodontics, Dr Luke Cain's office. Your opinion will be given considerable weight; consequently, your attention to completion of this form is very important. If you are willing to provide a reference for this applicant, please complete and return the form to the applicant in a **SEALED** envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your reference with his/her application. The application with all references **MUST BE SUBMITTED** to the Scholarship Fund by **April 1, 2009**.

OVERALL, I (Please check one):

- RECOMMEND THE APPLICANT WITH SOME RESERVATION
- RECOMMEND THE APPLICANT WITH SERIOUS RESERVATION
- RECOMMEND THE APPLICANT WITHOUT RESERVATION
- DO NOT RECOMMEND THE APPLICANT

SIGNATURE _____

TYPED NAME _____

POSITION _____

Applicant's Name: _____

Please rate the applicant on the following qualities. Rate only the qualities of which you have direct knowledge.

QUALITY	NOT OBSERVED	LESS THAN SATISFACTORY	SATISFACTORY	EXCELLENT	OUTSTANDING
Scholastic Ability					
Citizenship					
Motivation					
Organizational Skills/Work Habits					
Communication Skills					
Leadership Potential					
Relationship With Peers					
Other (Identify)					

Please describe the length of time and context in which you have known the applicant.
What qualities in the applicant led you to recommend him/her for this scholarship?

Parental Consent

There are several opportunities for the recognition and publicity of the student and West Valley Orthodontics. West Valley Orthodontics would like to celebrate the student recipient with a visit to our office for a tour of our facility and take a picture with Dr. Luke Cain. The picture may be use in publicity opportunities to support and recognize the student in media press and publications, and/or www.westvalleyortho.com website announcements.

I give approval for my son/daughter to be photographed for The West Valley Orthodontics Scholarship fund, understanding that the photo may be posted on www.westvalleyortho.com website for student recognition.

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 West Valley Orthodontics.

STUDENT SIGNATURE: _____ Date: _____