

LaFerla-Wilson Orthodontic Team Scholarship 2024

- Criteria:**
1. Current or Former Patient of LaFerla-Wilson Ortho
 2. Financial Need
 3. Essay

Name: _____ Address: _____
High School: _____

Proposed Field of Study: _____
School Most Likely to Attend: 1st Choice _____
2nd Choice _____

Extra-Curricular Activities in High School: _____

Work Experience during high school (paid or volunteer work): _____

Community Involvement: _____

Financial Need:
Please indicate the approximate family annual income:
_____ under \$50,000 _____ over \$50,000
Total number of family members living at home: _____
Number of dependents in your family currently attending college full time: _____

TO BE FILLED IN BY GUIDANCE COUNSELOR: Deadline April 5th, 2024

Class Rank at end of Junior Year _____ of _____ students, Total GPA _____
ACT score _____ SAT scores _____ Signature _____
Comments:

As you stand on the brink of your academic journey into higher education, reflect on the experiences and lessons that have shaped your high school years. In 500 words or less, please share a pivotal moment, a challenging obstacle overcome, or a significant achievement that has influenced your personal growth and educational aspirations. In what ways do you envision your college experience contributing to your future goals, and how will the scholarship aid you in this transformative journey?