



Five winners will be chosen to each receive a \$1,000 scholarship, applied directly to their tuition at a college/university/vocational training/technical school.

This scholarship is open to current and former patients who received full braces at Associated Orthodontists and are currently high school seniors. Documented acceptance for post-high school education for the 2024 academic year will be required to receive the scholarship.

The program is open through March 1, 2024.

Associated Orthodontists will review all entries. Winners will be announced in April, 2024.

Scholarship recipients will be determined based on submitted essay, academic achievement, and participation in school and community activities.

ELIGIBILITY

- 1) Graduating high school senior in December 2023 or May 2024
- 2) Current or former patient, who received full braces from Associated Orthodontists
- 3) GPA of at least 3.0

APPLICATION INFORMATION Please include all of the following:

- 1) Completed application
- 2) High school transcript summary that reflects GPA
- 3) Letter of recommendation from a teacher, guidance counselor, community leader or coach
- 4) 500 word essay on how your orthodontic treatment has positively impacted your life
- 5) Copy of the letter of acceptance from your school of choice

SUBMISSION INFORMATION

- 1) Hand carried applications with all supportive materials are accepted at all of our locations until March 1, 2024.
- 2) Mailed applications with all supportive materials must be postmarked by March 1, 2024 and should be sent to:

Associated Orthodontists
Re: Scholarship Program
1118 N Larkin Avenue
Joliet, IL 60435

Program is not open to AO staff or their family members.



PLEASE PRINT

Student Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

School Presently Attending _____ Grade _____ GPA _____

School Applicant Will Be Attending _____

How did you hear about our scholarship program? _____

Extracurricular Activities* _____

Volunteer Activities* _____

Honors, Recognitions or Awards* _____

***Include attachments if needed**

I, _____, give permission for Associated Orthodontists to use my/my child's name and photo for public relation purposes related to the Associated Orthodontists Scholarship Program, as well as post my/my child's essay on the Associated Orthodontists website. I certify that all of the above information is true and accurate to the best of my knowledge.

Signature of Student _____

Signature of Parent _____

(If applicant is under 18 years of age)