

STORMBERG ORTHODONTICS SCHOLARSHIP APPLICATION

Must be a current or former patient of Dr. Stormberg

Students Name: _____

Full Address: _____

Telephone: _____

Date of Birth _____ Age _____

Email: _____

High School _____

Current Grade: _____ (Only Grade 12 Qualifies)

Current GPA _____

How did you hear about the Stormberg Orthodontic Scholarship Program (teacher, school counselor, Stormberg Orthodontics Employee or Patient, website)? _____

Please go to our website, orthosandiego.com, for a complete list of requirements

Attach Required 300 Word Essay:

In 300 words or more, attach a written essay "Why Self-Confidence is So Important."

Separately, list any additional information about you, including special achievements or activities, hobbies, talents, or anything you believe might be useful to Stormberg Orthodontics in evaluating your applications.

List extracurricular school and/or community activities in which you participate here or on a separate piece of paper. Describe your role in each activity:

Any Questions:

Contact Debbie Rolf, Marketing Coordinator

619-462-4462

619-462-8267 FAX

Email: drkurt@orthosandiego.com

www.orthosandiego.com

