



Scholarship Application

Thank you for applying for a Stormberg Orthodontics senior scholarship! Please fill out the application completely. For a complete list of eligibility requirements, please [visit our website](#).

Student name:

Address:

City:

State:

Zip:

Phone:

Email:

Date of birth:

Age:

Grade:

High school:

Current GPA:

How did you hear about our scholarship program?

Tell us about you! Include your hobbies, talents, and special achievements. List any extracurricular school or community activities you participate in and describe your role in each activity. Add in anything else you believe might be useful to Stormberg Orthodontics in evaluating your application:

To complete the application process, please remember to attach your senior photo, a current semester transcript, and an essay that is 300 words or more about "Why self-confidence is so important" and email to:

Debbie Rolf
drkurt@orthosandiego.com