7th Annual Modern Orthodontics
$1000 Health Profession Scholarship

We pleased to inform you that we are once again donating (1) $1000 scholarship to a qualifying senior who will be pursuing a career in the health care profession. We will choose one student who submits a minimum 1000 word essay as to why they chose a health care profession and what their future goals are in the field. All requirements must be received by the deadline of April 1st 2019 at 7am to jessica@themodernsmile.com and winner will be announced and must be present at Awards Night ceremony.

Scholarship Name: Modern Orthodontics Health Profession Scholarship

Deadline: April 1st 2019, 7AM

Requirements*:
○ Student’s Name
○ School Name
○ Contact Information (email & phone number)
○ Completed Photo Release Form
○ Essay – 1000 word minimum
○ Graduating Class of 2019
○ Copy of College Acceptance Letter
○ Proof of College enrollment for Fall 2019
○ Min GPA 3.5- proof must be submitted

*All requirements must be submitted in a single email together to qualify for scholarship. Any missed requirements will result in disqualification from scholarship. Phone calls will not be accepted.
PHOTO/VIDEO RELEASE FORM

I hereby give consent to Modern Orthodontics/Dr. Alan Wong to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for paper and internet advertising (Facebook, Website, etc.), publicity, billboards, company car wrap, commercials, professional continuing education or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I consent and waive any rights of compensation or ownership of footage.

I am the participant or parent/legal guardian of the participant and I have read this release and approve of its terms.

PARTICIPANT IS UNDER 18 YEARS

Name of Participant (please print): __________________________________

Name of Parent/Guardian (please print): _____________________________

Parent/Guardian Signature: ________________________________________

Date: __________________________________________________________

PARTICIPANT IS OVER 18 YEARS

Name of Participant (print name): ________________________________

Participant Signature: __________________________________________

Date: __________________________________________________________