



Smiles Made for Life \$1000 College Scholarship Application

Applicant's Name: _____

Current Address: _____

Current Telephone Numbers (please provide two if possible)

(_____) _____ (_____) _____

Name of High School applicant is graduating from:

Name and address of College or Continuing Education applicant is planning to attend: (let us know if this changes)

I, _____, give my word that the following contest entry is entirely my own work. I have not received any coaching or advice, have not copied or used another person's work or ideas or committed plagiarism in any form. I understand that if I submit any work that is not mine, my entry will be disqualified. I give my permission to have my entry, name* and/or picture published in the local newspaper and on Dr. Shae Ochoa's website.

(Signature of Applicant)

(Date)

*You may choose to have only your first name published.

I, _____, the applicant's parent, verify that the above statement is true. My child is submitting his/her personal work and has not received assistance.

(Signature of Parent)

(Date)

\$1000 Annual **Smile Made For Life** College Scholarship Criteria:

1. Applicants must be a graduating high school senior
2. must either BE or HAVE BEEN a patient of Dr. Shae Ochoa's
3. must write a one page paper, any genre, on: **"The Power of a Smile"**
4. entries must be written on the "honor system," accompanied by a contest application, completed and signed by both the applicant and parent

Selection Committee: One member of Dr. Shae's team, two school officials

Note: Scholarship money will be forwarded to College or Trade School.
Scholarship money must be used within 3 years.

Deadline for all submissions: April 6th

Mail to: Dr. Shae Ochoa
Attn: Scholarship Application

1608 S Jefferson
Mount Pleasant, TX 75455