



Live Life Smiling
ORTHODONTICS

**SMILES MADE FOR LIFE
SCHOLARSHIP APPLICATION**

2015 W. Ferguson | Mt. Pleasant, TX 75455 | 903-572-8543
www.DrShae.com | katie@smilesmadeforlife.com

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

PERSONAL INFORMATION:

Applicant Name: _____

Primary Phone: _____ Secondary Phone: _____

High School: _____

Name of College or Continuing Education: _____

Address of College: _____

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

Selection Committee: One member of Dr. Shae's team and Colleagues

Note: Scholarship money will be forwarded to College or Trade School.

Scholarship money must be used within 3 years.

Deadline for all submissions: April 30th

Mail to: Ochoa Orthodontics

ATTN: Scholarship Application

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