WIN A SCHOLARSHIP 2024

SCHOLARSHIP APPLICATION

Please email this completed form along with your Photo Release Form, Official High School Transcript and Essay to scholarship@wintergardensmiles.com

More details may be found on: https://wintergardensmiles.com

Requirements for Application:

1. Must be a high school senior actively enrolled and in good standing at West Orange, Ocoee, Legacy, or Windermere High School.
2. Expressed interest in pursuing a career in the medical or dental field.
3. At least a 3.5 GPA.
4. Possess leadership qualities and be dedicated to community service.
5. Submit at least a 500-word essay describing what influenced your decision to pursue the medical/dental field, why living a life dedicated to service is important and why they should be chosen for the scholarship?
6. Fill out questionnaire.
7. Submit essay, questionnaire, photo consent and copy of most recent high school grade transcripts to scholarship@wintergardensmiles.com

Scholarship Details:

- One $1,000 scholarship will be awarded.
- The selection committee from the Winter Garden Smiles/Winter Garden Pediatric Smiles team will judge essays on the criteria of quality of writing, professionalism, and commitment to servitude.
- The deadline for submission is 03/31/2024.
- Winners will be informed by email and their names will be posted to our Facebook/Instagram page. Winners will pick up their award at our office.
- Student's names and photos will be shared on our social media pages, as well as our website and displayed in our office.

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SCHOLARSHIP QUESTIONAIRE

1. Full Name:

2. Email Address:

3. What high school do you currently attend?

4. What is your current grade level?

5. Where do you plan to go to college?

6. If known, what is your major field of study?

7. Have you been accepted to college, yet? Which schools?

8. Please describe your leadership roles, extracurricular activities, total community service hours to date, in addition to any honors and awards you have received:

www.WinterGardenSmiles.com/Scholarship
1317 Winter Garden Vineland Road, Ste. 110, Winter Garden, FL 34787
1291 Winter Garden Vineland Road, Ste. 140 Winter Garden, FL 34787
407.614.5955 scholarship@wintergardensmiles.com

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Photo/Social Media Consent/Release Form

Authorization:

I hereby authorize Winter Garden Smiles/Winter Garden Pediatric Smiles to use my photo and/or information related to my experiences with Winter Garden Smiles/Winter Garden Pediatric Smiles and Staff. I authorize the use and disclosure of my name, photographic or video images and or testimonial for marketing purposes by Winter Garden Smiles/Winter Garden Pediatric Smiles. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and ay no longer be protected by HIPAA privacy regulations. Winter Garden Smiles/Winter Garden Pediatric Smiles does not have to disclose to me or my legal representative, where appropriate, the specific information and/or photo to be used prior to release in the social media. My consent is freely given as a public service to Winter Garden Smiles/Winter Garden Pediatric Smiles, without expecting payment. I release Winter Garden Smiles/Winter Garden Pediatric Smiles and their respective employees, from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

Purpose:

The photographic/video images and or testimonial will be used for Social Media and/or Advertising.

Revocability:

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive.

No Treatment Conditions:

I understand that the practice cannot condition treatment on whether or not I sign this authorization.

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Please print or type:

Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

If a minor:

Parent/Guardian's Name: _____

Parent/Guardian's signature: _____Date_____

Child's Name: _____

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