

WIN A SCHOLARSHIP 2026

SCHOLARSHIP SUMMARY

At Winter Garden Smiles - Winter Garden Pediatric Smiles, we firmly value the importance of education and supporting our community. High School seniors with an interest in the medical or dental fields are invited to apply to win a \$1,000 scholarship. We look forward to selecting and supporting exceptional and talented students working toward a career in an industry and community we proudly serve.

REQUIREMENTS FOR APPLICATION

1. Must be a high school senior actively enrolled and in good standing at West Orange High School, Windermere High School, Legacy High Charter School, Ocoee High School, Horizon High School, or virtual/homeschool within 10 miles of our office.
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 03/15/2026.
- 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.

Forms to Apply Will be Available on our Website:

www.WinterGardenSmiles.com



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APPLICATION

Please email this completed form along with the following to scholarship@wintergardensmiles.com

- Photo Release Form
- Official High School Transcripts
- 500-word essay

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

QUESTIONNAIRE

Full Name:

Email Address:

What high school do you currently attend?

What is your current grade level?

Where do you plan to go to college?

If known, what is your major field of study?

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

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



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AUTHORIZATION PHOTO/SOCIAL MEDIA CONSENT/RELEASE

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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SMILES



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PEDIATRIC SMILES

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PHOTO/SOCIAL MEDIA CONSENT/RELEASE FORM

PLEASE PRINT OR TYPE:

Child's Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

If a minor:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____



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