

**STORMBERG ORTHODONTICS**  
**SCHOLARSHIP APPLICATION**

**Students**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date of

Birth \_\_\_\_\_ Age \_\_\_\_\_

**High School**

Name: \_\_\_\_\_

\_\_\_\_\_

Current Grade: \_\_\_\_\_ (Only Grade 12 Qualifies)

Current GPA \_\_\_\_\_

How did you hear about the Stormberg Orthodontic Scholarship Program (teacher, school counselor, Stormberg Orthodontics Employee, Patient, Website)?

\_\_\_\_\_

\_\_\_\_\_

Attach Required 500 Word Essay:

In 500 words or more, attach a written essay “Why Self-Confidence is So Important.”

Separately, list any additional information about you, including special achievements or activities, awards, hobbies, talents, or anything you believe might be useful to Stormberg Orthodontics in evaluating your applications.

List extracurricular school and/or community activities in which you participate.

Describe your role in each activity \_\_\_\_\_

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Any Questions:

Contact Debbie Rolf, Marketing Coordinator

619-462-4462 or 619-462-8267 FAX

[drkurt@orthosandiego.com](mailto:drkurt@orthosandiego.com) Email