

# Riverview Orthodontics

## Scholarship Application

This \$500 scholarship was established by Riverview Orthodontics, P.C., to promote continuing education and encourage our patients to strive for excellence.

### Personal Information

Name: \_\_\_\_\_  
first name middle name last name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number(s): \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Number of persons living in home \_\_\_ Number in college in 2023 - 2024 (including applicant) \_\_\_\_\_

Please list the names and amounts of any scholarships you have received: \_\_\_\_\_

### Education

High School Name \_\_\_\_\_ Graduation Date May / / 2024

If you are selected as the recipient of the Riverview Orthodontics Scholarship, a check will be mailed directly to the school or college you plan to attend.

College Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Scholarship Deadline

Your completed application must be submitted no later than March 29<sup>th</sup> to  
Scholarship Committee  
Riverview Orthodontics, P.C.  
815 Rice Mine Road, N  
Tuscaloosa, AL 35406

If you have questions, you may contact Courtney Tidmore at prc@rivervieworthodontics.com or (205) 752-4343.

## Essay

In a short essay (approximately 500 words), please explain why you feel you deserve this scholarship.

Name: \_\_\_\_\_  
          first name                      middle name                      last name

## Academic Profile

*To be completed by high school counselor or principal. An official copy of the student's transcript must be attached.*

Applicant's Name \_\_\_\_\_

Overall Grade Point Average from 9<sup>th</sup> Grade \_\_\_\_\_

ACT Score \_\_\_\_\_ SAT Score (if applicable) \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

Signature of School Official \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Mail Completed Form to:

Scholarship Committee  
Riverview Orthodontics  
815 Rice Mine Road North  
Tuscaloosa, AL 35406

You may also bring your completed application to the office.

**Deadline for receipt is March 29<sup>th</sup>.**

If you have questions, you may contact Courtney Tidmore at [prc@rivervieworthodontics.com](mailto:prc@rivervieworthodontics.com) or (205) 752-4343.

## Résumé of Activities

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Full Name

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Street Address

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City, State Zip Code

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Telephone

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e-mail address

### ***School Honors and Activities***

List in reverse chronological order (Most recent first)

Name of Organization, Club, or Athletic Group \_\_\_\_\_ Grade(s) Participated

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### ***Community Activities***

Name of Activity/Church Group/Community Group \_\_\_\_\_ Grade(s) Participated

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### ***Work Experience***

Company Name and Location of Employer

Job Title \_\_\_\_\_ Dates Worked

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Note: This form is a résumé starter. If you already have a résumé, please disregard this page and attach a copy of your résumé.