

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 2024 - 2025 (including applicant) _____

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

Education

High School Name _____ Graduation Date May / ____ / 2025

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 31st to
Scholarship Committee
Riverview Orthodontics, P.C.
815 Rice Mine Road, N
Tuscaloosa, AL 35406

If you have questions, you may contact Macy Elmer 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 9th 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 31st.

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

Résumé of Activities

Full Name

Street Address

City, State Zip Code

Telephone

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

Community Activities

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

Work Experience

Company Name and Location of Employer _____

Job Title _____

Dates Worked _____ 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.